

FILED JAN 10 1944

State File No. _____

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 404

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Bothwell Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Smithton RFD # 1.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John G. Stamberger

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Julia May 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Oct. 5 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>83</u>	<u>2</u>	<u>21</u>	hr. _____ min. _____
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9. Birthplace Cooper Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name George Stamberger

{ 13. Birthplace Germany
(City, town, or county) (State or foreign country)

{ 14. Maiden name Boch

{ 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J.G. Stamberger

(b) Address Smithton Mo. RFD # 1.

17. (a) Burial (b) Date thereof 12/28/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem

18. (a) Signature of funeral director Gillespie Funeral Home

(b) Address Sedalia, Mo.

19. (a) 12/28/43 (b) Mrs. Anna Purgle
(Date received in local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26
year 1943 hour 5:30 minute A M.

21. I hereby certify that I attended the deceased from 12-22, 1943, to 12-26, 1943
that I last saw him alive on 12-25, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. myocarditis

Due to Arterio Sclerosis
Hypertension

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

23. Signature J. W. Boger (M. D. of state) Mo

Address Sedalia Mo Date signed 12/27/43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

Subject File Number

Date Filed

1-7-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3867

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.