

FILED APR 13 1944

Registration District No. **29**

Primary Registration District No. **5918**

1. PLACE OF DEATH:

(a) County **Perry**
(b) City or town **Farrar Mo. Salem Miss**
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **63-0-18** years, months or days

3. (a) PRINT FULL NAME **Joseph Stueve**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Minnie Stueve** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **February 19 1881** (Month) (Day) (Year)

8. AGE: Years **63** Months **0** Days **18** If less than one day _____ hr. _____ min.

9. Birthplace **Perry Co. Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Peter Stueve**
13. Birthplace **Germany** (City, town, or county) (State or foreign country)
14. Maiden name **Margarete Crum**
15. Birthplace **England** (City, town, or county) (State or foreign country)

16. (a) Informant **Edgar Stueve**
(b) Address **Farrar Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **3-10-1944** (Month) (Day) (Year)

(c) Place: burial or cremation **Farrar Mo.**

18. (a) Signature of funeral director **Youngson**

(b) Address **Perryville Mo.**

19. (a) **3-9-1944** (Date received local registrar) (b) **Thos. Elder** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Perry**
(c) City or town **Farrar Mo.**
(d) Street No. _____
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **7** year **1944** hour **2** minute **30P** M.

21. I hereby certify that I attended the deceased from **Jan 8** 1941 to **Mar 7** 1944 that I last saw him alive on **Mar 5** 1944 and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of bladder**

Due to _____
Due to **enlarged prostate**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **528**
Of autopsy _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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) (e) Means of injury _____

23. Signature **O. Miller** (M. D. or other) _____
Address **Perryville Mo.** Date signed **3/8/44**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4
District File Number 444-36
Date Filed 4-11-44

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 Wallis Young
- - Licensed Embalmer No. 4027
• P. O. Address Perryville, Mo.

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.