

**FILED** JAN 3 1946

Registration District No. 258

Primary Registration District No. 4390

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Osage  
(b) City or town Folk Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: 89 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage 76  
(c) City or town Folk Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME Henry Stegemann

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, widowed

6. (b) Name of husband or wife Katharina Stegemann 6. (c) Age of husband or wife if alive, - years

7. Birth date of deceased: Oct 18 1856  
(Month) (Day) (Year)

8. AGE: Years 89 Months 2 Days 18  
If less than one day: \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Westphalia MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

12. Name Joseph Stegemann

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

14. Maiden name Margaret Aules

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

16. (a) Informant Vincent Cosmayer

(b) Address Folk Mo

17. (a) Burial (b) Date thereof Dec 31 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Folk Mo

18. (a) Signature of funeral director H.H. Shop

(b) Address Meta Mo

19. (a) 12-29-45 (b) Rose Rowan  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 28 day 1945  
year 1945 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 14 1945 to Dec. 28 1945; that I last saw him alive on Dec. 28/45 and that death occurred on the date and hour stated above.

Immediate cause of death Polar Pneumonia  
chronic myocarditis  
chronic nephritis

Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 0

23. Signature Henry G. Keubler (M. D. or other) \_\_\_\_\_  
Address Meta Mo Date signed 12/29/45

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

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**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 H. H. Strop

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

working under my personal supervision.

Signed

H. H. Strop

Licensed Embalmer No.

2924

P. O. Address

Meta 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.**