

V. S. No. 2
100M-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 18 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13041**
Registrar's No. **10**

Registration District No. **109**

Primary Registration District No. **5424**

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

1. PLACE OF DEATH:
(a) County **Dunklin Union Twp**
(b) City or town **Campbell R. R. 1**
(c) Name of hospital or institution **Home**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community **32 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Dunklin**
(c) City or town **Campbell R. 1**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **John Stenger**
3. (b) If veteran, name war **none**
3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **21**
year **1947** hour _____ minute **5:40 p. M.**
21. I hereby certify that I attended the deceased from **March 19**, 19**47**, to **March 21**, 19**47**,
that I last saw him alive on **March 21**, 19**47**
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mary Ann Stenger**
6. (c) Age of husband or wife if alive **70** years
7. Birth date of deceased **October 16 1870**
(Month) (Day) (Year)

Immediate cause of death **Hydrostatic Pneumonia**
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
76 5 5 hr. _____ min.

9. Birthplace **Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Blacksmith**

MOTHER FATHER
11. Industry or business _____
12. Name **John Stenger**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Clara Steppkamp**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings: Of operations _____
Of autopsy _____

16. (a) Informant **Joe Stenger**
(b) Address **Campbell, Missouri, R. 1**
17. (a) **Burial** (b) Date thereof **3-24-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Glennoxville**

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? **21**

18. (a) Signature of funeral director **Lander Funeral Home**
(b) Address **Campbell, Missouri**
19. (a) **4/6/47** (b) **Mrs. Beulah Campbell**
(Date received local registrar) (Registrar's signature)

23. Signature **D. B. L. Franklin** (M. D. or other) **MD**
Address **Campbell, Mo** Date signed **3/25/47**

920 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District _____ Rec No 2
District File Number 447-575
Date Filed 4-19-47

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 Christina M. Landess
Licensed Embalmer No. 4227
P. O. Address Campbell, 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.