

FILED SEP 16 1947

Registration District No. _____

Primary Registration District No. 3056

Registrar's No. 205

1. PLACE OF DEATH:

(a) County Randolph

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

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

(d) Length of stay: In hospital or institution Two days
(Specify whether years, months or days)

In this community Two days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette ⁵⁴

(c) City or town Higginsville ²
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) ¹

(e) Citizen of foreign country? No (Yes or No) ¹

If yes, name country _____

3. (a) PRINT FULL NAME EDWARD H. STUERKE

3. (b) If veteran, name war None

3. (c) Social Security No. 495-20-2324

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12 year 1947 hour 3:55 minute _____ M. _____

21. I hereby certify that I attended the deceased from Sept 10th 1947 to Sept 12 1947 that I last saw him alive on Sept 12 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

(b) Name of husband or wife Marie Stuerke alive 59 years

7. Birth date of deceased August-17-1884
(Month) (Day) (Year)

Immediate cause of death Pneumonia Duration 36 hrs

Due to Intestinal Obstruction 5 da

Surgical Intervention 9-10-47

Due to _____

8. AGE: Years 63 Months 0 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Sweet Springs Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Taxi Operator

11. Industry or business _____

12. Name Henry Stuerke ⁴

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

14. Maiden name Emma Steffens

15. Birthplace Sweet Springs Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marie Stuerke

(b) Address Higginsville Mo

17. (a) Removed (b) Date there Sept 12-47
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Higginsville Mo

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

(b) Address Proberly Mo

19. (a) Sept 12-47 (b) Ear Williams
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury L

23. Signature Ben J. Kelly (M. D. or other) D.O.

Address 203 1/2 N. 11th St. Proberly Mo Date signed 9-12-47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 1

File Number 4-47-124

Date Filed SEP 15 1947

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.....

C. L. Hutton

Registered Apprentice No. 10

working under my personal supervision.

Signed.....

R. M. Carter

Licensed Embalmer No. 4117

P. O. Address *Moberly 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.