

S. No. 2
 OM-5-43
 v. 5-17-39
 I X36671

FILED MAR 25 1948

Registration District No. 64

Primary Registration District No. 4110

Registrar's No. 24

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

1. PLACE OF DEATH:
 (a) County Chariton
 (b) City or town Salisbury
 (c) Name of hospital or institution:
West 10th St
 (d) Length of stay: In hospital or institution _____
 In this community since 1909 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Chariton
 (c) City or town Salisbury
 (d) Street No. West 10th St
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Daniel Stengel
 3. (b) If veteran, name war _____
 3. (c) Social Security _____ No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 3 day 17
 year 1948 hour 8 minute 30 A.M.
 21. I hereby certify that I attended the deceased from
March 5 1948 to March 17 1948
 that I last saw him alive on 3-17 1948
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color of race White
 6. (a) Single, widowed, married, divorced, widowed
 7. Name of husband or wife Elizabeth Stengel
 (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb 14 1861
 (Month) (Day) (Year)

Immediate cause of death	Duration
<u>Cerebral thrombosis</u>	<u>17 days</u>
Due to <u>Cerebral thrombosis</u>	<u>?</u>
Due to _____	_____

8. AGE: Years 87 Months 1 Days 3
 If less than one day _____ hr. _____ min.

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.

9. Birthplace New York
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Harman Stengely

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

14. Maiden name Mary Schneider
 (City, town, or county) (State or foreign country)

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

16. (a) Informant Edith Stengel
 (b) Address Salisbury Mo

17. (a) Burial (b) Date thereof 3 20 48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Joseph Cemetery

18. (a) Signature of funeral director George W. Keimyer
 (b) Address Salisbury Mo

19. (a) 3/20/48 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

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 [Signature] (M. D. or other) MA
 Address Salisbury Mo Date signed 3-17-48

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-24-48

APR 3 1948

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 _____

Chas B. Wilhelmeyer

Licensed Embalmer No. 3842

P. O. Address Salisbury, 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.