

FILED JAN 10 1949

Registration District No. 209

Primary Registration District No. 4320

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Palmyra
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
116 E. Cross St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 81 Yrs 6 Mo. 10 Days. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64
(c) City or town Palmyra 5
(If outside city or town limits, write "RURAL")
(d) Street No. 116 E. Cross St. 1
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME J. Henry Sterkel

3. (b) If veteran, name war. Nd. 3. (c) Social Security No. No.

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna M. Sterkle 6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 16th, 1867
(Month) (Day) (Year)

8. AGE: Years 81 Months 6 Days 10 If less than one day hr. _____ min. _____

9. Birthplace Palmyra Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Barber

11. Industry or business

12. Name Andrew Sterkel 7

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

14. Maiden name Mary Elizabeth Kramer

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

16. (a) Informant Mrs Anna M. Sterkel

(b) Address Palmyra Mo.

17. (a) Burial (b) Date thereof Dec. 29 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem. Palmyra

18. (a) Signature of funeral director C. J. Spagun

(b) Address Palmyra Mo.

19. (a) 1-5-49 (b) E. M. Lucke
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27th.
1948 year. 1948 hour 6 minute 10 P. M.

21. I hereby certify that I attended the deceased from July 10
1948 to Dec. 27 1948
that I last saw him alive on Dec. 27 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Heart trouble -
along with infarction
Due to old age - had also
led to stroke several
Due to years ago

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 95

Of autopsy

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?

(Specify type of place) While at work? (e) Means of injury 2

23. Signature P. H. Stuchman (M. D. or other) MD.
Address Palmyra Mo Date signed 1/3/49

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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..... *E. J. Sprague*
Licensed Embalmer No..... *3245*
P. O. Address..... *Palmyra 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.