

FILED APR 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8901

BIRTH NO.		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 204		Registrar's No. 131	
1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. LENGTH OF STAY (in this place) 55 yrs		c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN		43	
d. FULL NAME OF HOSPITAL OR INSTITUTION RFD #4				d. STREET ADDRESS (If rural, give location) RFD #4			
3. NAME OF DECEASED (Type or Print) JOHANNA		a. (First)		b. (Middle) BERTHA		c. (Last) KUGLER	
4. DATE OF DEATH 3		(Month)		(Day) 15		(Year) 49	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 7, 1870	
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR 4		IF UNDER 1 YEAR 8		IF UNDER 1 YEAR Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Stegmann			13b. MOTHER'S MAIDEN NAME No record			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Carl Schreiweis			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 3717				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 1 day			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Mar 15, 1949</u> , to <u>Mar 15, 1949</u> , that I last saw the deceased alive on <u>Mar 15, 1949</u> , and that death occurred at <u>4:43 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Mrs. Mendelbauer J.D.P.				23b. ADDRESS Geneva Mo		23c. DATE SIGNED 3/17/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-19-49		24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial		24d. LOCATION (City, town, or county) (State) Joplin Mo.	
DATE REC'D BY LOCAL REG. 3-21-49		REGISTRAR'S SIGNATURE Ed. J. ...		25. FUNERAL DIRECTOR'S SIGNATURE Parker-Hunsaker Mortuary, Joplin, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed F. M. Jones

Signed _____
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin 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.