

FILED JUL 13 1942

State File No. _____

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 628

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
820 W. Hyde Park (Home)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hours
(Specify whether years, months or days)

In this community 2 hours
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 820 W. Hyde Park
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Infant Stegall

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male () 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife No

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 28, 1942
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1942 hour _____ minute 9:10 P. M.

21. I hereby certify that I attended the deceased from June 28, 1942 to June 28, 1942
that I last saw him alive on June 28, 1942
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>2</u> hr. _____ min.

Immediate cause of death Mitral Valve heart trouble Duration 3 hrs

Due to 159

Due to _____

Other conditions Coronary BIRTH
(Exclude pregnancy within 3 months of death)

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

10. Usual occupation Infant

11. Industry or business No

MOTHER FATHER

12. Name Donald Stegall

13. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Norma Withrow

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

16. (a) Informant Donald Stegall (Father)

(b) Address 820 W. Hyde Park

17. (a) Burial (b) Date thereof 6/29/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation King Hill Cemetery

18. (a) Signature of funeral director John B. Crisp

(b) Address 6054 Pavor Ave., St. Joseph

19. (a) June 29, 1942 (b) W. Scott
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____

23. Signature E. B. McAdow (M. D. June 29)
Address 15 E. Kall - Mo Date signed 1942

0

P.S. to [unclear]

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.....

Body was not embalmed

Registered Apprentice No.....

working under my personal supervision.

Signed.....

John E. Rupp

Licensed Embalmer No. *3986*

6054 Pryor Ave.,

P. O. Address. *St. Joseph, Missouri*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 83

Primary Registration District No. 1001

Registrar's No. 628

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
820 W. Hyde Park (Home)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hours
(Specify whether
In this community 2 hrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 820 W. Hyde Park
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Infant Stegall

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife no 6. (c) Age of husband or wife if alive no years

7. Birth date of deceased June-28-1949
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day min.

9. Birthplace St Joseph (City, town, or county) no (State or foreign country)

10. Usual occupation Infant
11. Industry of business no

12. Name Donald Stegall
13. Birthplace St Joseph (City, town, or county) no (State or foreign country)

14. Maiden name Norma Withrow
15. Birthplace Thurmon (City, town, or county) Iowa (State or foreign country)

16. (a) Informant Donald Stegall (father)
(b) Address 820 W Hyde Park

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6/29/49 (Month) (Day) (Year)
(c) Place: burial or cremation King Hill Cemetery

18. (a) Signature of funeral director John C. Papp
(b) Address 6054 Pryor Ave. St Joseph

19. (a) 6-24-49 (Date received local registrar) (b) Jose Huzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28 year 1949 hour 8 minute 10 P. M.

21. I hereby certify that I attended the deceased from June 28 1949 and that death occurred on the date and hour stated above.

Immediate cause of death Central valve heart trouble

Duration 3 hrs

Due to.....
Due to.....

Other conditions Premature Birth
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations.....
Of autopsy.....
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) (e) Means of injury.....

23. Signature C.B. McAdore (M. D. or other)
Address De. Raab no Date signed June 28

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

COPIED
FATHER
MOTHER

S-26748