S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13438

FILED MAY 6 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1924

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Research 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days (Specify whether years, months or days)

In this community 13 Days

2. USUAL RESIDENCE OF DECEASED: 97

(a) State Missouri (b) County Saline 0

(c) City or town Concordia 0
(If outside city or town limits, write "RURAL")

(d) Street No. Main St.
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME Alvine Stegemann

3. (b) If veteran, name war # no

3. (c) Social Security No. # none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Henry W. Stegemann

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

7. Birth date of deceased Oct. 26 (Month) 1878 (Day) (Year)

8. AGE: Years 64 Months 5 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace Emma (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation House Wife

11. Industry or business " "

FATHER
12. Name Jacob Sass
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Anna Rebecca Feldmann
15. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs. Albert Meyer

(b) Address Norborne, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 23, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Marshall, Mo.

18. (a) Signature of funeral director J. Leslie Sussex

(b) Address Marshall, Mo.

19. (a) 4-23-43 (Date received local registrar) (b) M. M. Hoover (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 20 day April year 1943 hour 5:05 minute P M.

21. I hereby certify that I attended the deceased from April 7, 1943 to April 20, 1943 that I last saw her alive on April 20, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocarditis auricular fibrillation

Due to Arterial Hypertension

Due to Arteriosclerosis

Other conditions 56a
(Include pregnancy within 3 months of death)

Major findings Of operation Large Ovarian cyst

Of autopsy Myocarditis

Duration

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? (Specify type of place)

(e) While at work? (f) Means of injury

23. Signature Paul F. Hunt (M.D. or other)

Address 1032 Pro Bldg. Date signed 4-23-43

(Licensed Embalmer's Statement on Reverse Side)

Research Hosp.

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 J. Leslie Summy

Licensed Embalmer No. 3235

P. O. Address Marshall, 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.