

1. PLACE OF DEATH:

(a) County... COOPER
(b) City or town... BOONVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution... ST. JOSEPH'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 2 DAYS
(Specify whether
In this community... 5 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... MISSOURI (b) County... COOPER 27
(c) City or town... BOONVILLE
(If outside city or town limits, write "RURAL")
(d) Street No... 414 SIXTH ST. 2
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME... GEORGE STEGNER

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

4. Sex... MALE
5. Color or race... WHITE
6. (a) Single, widowed, married, divorced... WIDOWED
6. (b) Name of husband or wife... EMMA C. STEGNER
6. (c) Age of husband or wife if alive... years
7. Birth date of deceased... AUGUST 1 - 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 4 15 hr. min.

9. Birthplace... COOPER COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation... RETIRED FARMER

11. Industry or business... FARMING

12. Name... NICHOLAS STEGNER

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

14. Maiden name... MARGARET BROWN

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

16. (a) Informant... MORRIS STEGNER

(b) Address... BOONVILLE, MO.

17. (a) BURIAL (b) Date thereof... 12/18/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... WALNUT GROVE CEM.

18. (a) Signature of funeral director... STEGNER

(b) Address... BOONVILLE MO

19. (a) 12-30-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... DECEMBER day... 16th
year... 1947 hour... 6:45 minute... P. M.

21. I hereby certify that I attended the deceased from... Dec 15, 1947 to Dec 16, 1947
that I last saw him alive on... Dec 16, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death... Myocardial infarction and broncho-pneumonia
Due to... Hypertensive arteriosclerotic heart disease
Duration 4.8 hrs. 24 hrs. ? 10 years

Other conditions... Cerebrovascular accident 2 weeks
(Include pregnancy within 3 months of death)

Major findings: Of operations...
Of autopsy... Myocardial infarction, bronchopneumonia, pericarditis
Underline the cause of 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?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....
While at work? (e) Means of injury.....

23. Signature... [Signature] (M. D. or other) MD
Address... 329 Main Boonville Mo. Date signed... 12-18-47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

1-2-48

JAN 13 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.....

Fred W. Harris

Registered Apprentice No. _____

4876

working under my personal supervision.

Signed.....

James W. Stegner

Licensed Embalmer No. _____

3780

P. O. Address BOONVILLE - 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.