

FILED MAR 19 1948

Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution:  
707 Parnell St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
1 1/4 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray

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

(d) Street No. 707 Parnell St.  
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME WILLIAM EDWIN STEGMAN

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 Widower

6. (b) Name of husband or wife Adeline A. Goode Stegman

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

7. Birth date of deceased January 21, 1869  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9th  
year 1948 hour 2:00 minute P. M.

21. I hereby certify that I attended the deceased from Mar 1  
1948 to March 9 1948  
that I last saw him alive on March 9 1948  
and that death occurred on the date and at the place above.  
Immediate cause of death Cerebral hemorrhage  
arterio sclerosis

Duration

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>1</u>	<u>18</u>	hr. min.

Due to .....

Due to .....

Other conditions  
(Include pregnancy within 3 months of death)

9. Birthplace Linn County, Kansas  
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings:  
Of operations.....  
Of autopsy.....

Underline the cause to which death should be charged statistically.

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name George William Stegman

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

14. Maiden name Mary Hurvey

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

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?.....

16. (a) Informant Barbara S. Petree

(b) Address 707 Parnell, Richmond, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 12, 1948  
(Month) (Day) (Year)

(c) Place: burial or cremation Richmond, Missouri

23. Signature [Signature] (M. D. or other)

Address [Address] Date signed 3-10-48

18. (a) Signature of funeral director Thurman General Home

(b) Address 627 E. Main St., Richmond, Mo.

19. (a) March 3, 1948 (Date received local registrar) (b) Malcolm Jackson (Registrar's signature)

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

89  
1  
1

**RECEIVED**

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 3-18-48

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**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 \_\_\_\_\_

William L. Thurman, Registered Apprentice No. 65  
working under my personal supervision.

Signed William L. Thurman

Licensed Embalmer No. 2073

P. O. Address Richmond, 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.**