DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12039

Registration District No. 694 Primary Registration District No. 584408 Registrar's No. 16

1. PLACE OF DEATH:
(a) County Bowling Green
(b) City or town Pike County
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether
In this community 25 yrs
years, months or days) (26.5)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pike
(c) City or town Bowling Green
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Ida B. Sterne
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife P. J. Sterne Dec.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 11 (Day) 1866 (Year)

8. AGE: Years	Months	Days	If less than one day
73	10	21	hr. min.

9. Birthplace Near Louisiana (City, town, or county) Mo (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name John F. Parson
13. Birthplace (City, town, or county) Virginia (State or foreign country)
MOTHER
14. Maiden name Lucy J. Edwards
15. Birthplace (City, town, or county) Virginia (State or foreign country)
16. (a) Informant's ~~own signature~~ From Dec'd own
(b) Address Record
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 4 1940 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Noix Creek Cemetery
18. (a) Signature of funeral director W. B. Elmore
(b) Address Bowling Green
19. (a) 3 — 5 — 1940 (Date received local registrar) (b) M L Summerfelt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd. year 1940 hour 11 minutes 30 A. M.

21. I hereby certify that I attended the deceased from Jan 31, 1940, to Mar 2, 1940; that I last saw her alive on Mar 2, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of the breast	
Due to —	
Due to — 50	
Other conditions — (Include pregnancy within 3 months of death)	
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? 61 (Specify type of place)
While at work? — (e) Means of injury —

23. Signature James B. Briggs M.D. (M.D. or other) 1
Address Bowling Green, Mo Date signed 3/4/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 10
District File Number 4-40-728
Date Filed APR 2 1940

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 W. B. Moore

Licensed Embalmer No. 3466

P. O. Address Bowling Green

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, above space should be left blank.