

No. 2
12-40
17-39
X23159

APR 15 1941
Registration District No. **99**

Primary Registration District No. **1002**

Registrar's No. **1230**

1. PLACE OF DEATH:

(a) County **Jackson**

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

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

(d) Length of stay: In hospital or institution **About Three Weeks**
(Specify whether years, months or days)

In this community **40 Years**

3. (a) PRINT FULL NAME **MRS. MARGARET STURGES**

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 **Widowed**

6. (b) Name of husband or wife **Joseph R. Sturges** 6. (c) Age of husband or wife if alive **5** years

7. Birth date of deceased **5** (Month) **5** (Day) **1873** (Year)

8. AGE:

Years	Months	Days	If less than one day
67	102	23	hr. min.

9. Birthplace **Hamilton, Ont., Canada**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business **None**

12. Name **Marvin Hildreth**

13. Birthplace **No Record No Record**
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah McIntosh**

15. Birthplace **No Record Canada**
(City, town, or county) (State or foreign country)

16. (a) Informant **Harry H. Sturges**

(b) Address **513 N. Pleasant, Independence, Mo.**

17. (a) **Burial** (b) Date thereof **3-30-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mound Grove**

18. (a) Signature of funeral director **W. H. Stah**

(b) Address **815 W. Maple, Independence**

19. (a) **3/30/41** (b) **M. M. Groves**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

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

(d) Street No. **513 N. Pleasant**
(If rural, give location)

(e) If foreign born, how long in U. S. A. **40** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3** day **28**
year **1941** hour **4** minute **06** P. M.

21. I hereby certify that I attended the deceased from **3. 2. 41**
19**41**, to **3. 28** 19**41**;
that I last saw **h** alive on **3. 28** 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death:
Cholecysto-duodenal fistula
(Spontaneous)

Due to **Carcinoma of gall bladder**
involving liver, duodenum & transverse colon

Due to

Other conditions:
(Include pregnancy within 3 months of death)

Major findings: **as above**

Of operations

Of autopsy: **as above**

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)

While at work? (e) Means of injury

23. Signature **Harry C. Lora** (M. D. or other) **MD.**

Address **1103 Grand** Date signed **3. 29. 41**

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

Duration **6** months

Severe

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Henry W. Stahl

Licensed Embalmer No.

3181

P. O. Address

Independence

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.