

No. 2
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008
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19473
State File No. ~~17155~~

Registration District No. 8 Primary Registration District No. 201 Registrar's No. 10

1. PLACE OF DEATH:
(a) County Benton
(b) City or town Cole Camp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Benton
(c) City or town Cole Camp
(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 William Sturman
(b) If veteran, name war No 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 26
year 1941 hour 8 minute 00 AM

4. Sex Male 5. Color of race white
6. (a) Married 6. (c) Age of husband or wife if alive 83 years
7. Birth date of deceased September 1st 1850
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 10, 1937
to May 26, 1941,
that I last saw him alive on 5-24, 1941,
and that death occurred on the date and hour stated above.
Immediate cause of death Chrom. Nephritis Duration _____

8. AGE: 90 Years Months 6 Days 25
If less than one day _____ hr. _____ min.

Due to _____
Due to _____

9. Birthplace Germany Germany 4
(City, town, or county) (State or foreign country)
10. Usual occupation Retired farmer

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

11. Industry or business _____
12. Name John Sturman
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Alvin Sturman
(b) Address Kansas City Mo
17. (a) Burial (b) Date thereof May 28 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Cole Camp Cemetery
18. (a) Signature of funeral director E. L. Dickhoff
(b) Address Cole Camp Mo 13
19. (a) May 27-41 (b) SUE SELOVER
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature [Signature] (M. D. or other) [Signature]
Address Cole Camp Mo Date signed 5-26-41

RECEIVED

District Health Officer No. 7,

District File Number 6-41-921

Date Filed 6-5-41

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 E. Z. Bickhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp Missouri

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.