

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

ED JUL 13 1943

149

Registration District No. _____

Primary Registration District No. _____

1002

Registrar's No. _____

2931

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Thornton and Minor Clinic
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 Day
(Specify whether
 In this community 3 Days
years, months or days)

3. (a) PRINT FULL NAME ANNIE LOUELLA STERLING
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

4. Sex Female
 5. Color or race White
 6. (a) Single, widowed, married, divorced, Married
 6. (b) Name of husband or wife Joe Sterling, Jr.
 6. (c) Age of husband or wife if alive 68 years
 7. Birth date of deceased October 1, 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>8</u>	<u>27</u>	_____hr. _____min.

9. Birthplace Craig Montana
(City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business None

MOTHER FATHER
 12. Name Benjamin F. Stickney
 13. Birthplace New York
(City, town, or county) (State or foreign country)
 14. Maiden name Rachel Wareham
 15. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Abbie Lynn

(b) Address Billings, Montana

17. (a) Removal 7-1-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Craig, Montana

18. (a) Signature of funeral director C. H. Blackman & Son,

(b) Address Kansas City,

19. (a) 7-1-43 (b) J. E. Brown
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 999
 (a) State Montana (b) County 94
 (c) City or town Craig
(If outside city or town limits, write "RURAL")
 (d) Street No. -
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month June day 28
 year 1943 hour 12.45 minute P M.
 21. I hereby certify that I attended the deceased from June 27
1943 to July 28, 1943
 that I last saw her alive on June 28, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Chc Myocarditis
 Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
 Of operations _____
 Of autopsy _____

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?
 23. Signature J. E. Brown (M. D. or other) M.D.
 Address 726 W. E. St. Date signed 7/29/43

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

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..... *A. D. Blackman*.....
Licensed Embalmer No. *2639*.....
P. O. Address..... *19 E. 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.