

FILED JAN 10 1944  
Registration District No. 274

Primary Registration District No. 5930

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

1. PLACE OF DEATH:  
 (a) County PETTIS  
 (b) City or town SEA RURAL  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: HUGHESVILLE RFD #1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community 66 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MO (b) County PETTIS  
 (c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
 (d) Street No. HUGHESVILLE #1  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOSIAH STERLING  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced WID.  
 6. (b) Name of husband or wife MARY A. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased DEC. 18 1852  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
90 11 29 hr. \_\_\_\_\_ min.

9. Birthplace FORTWAYNE IN D. I  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER.

11. Industry or business \_\_\_\_\_  
 MOTHER FATHER { 12. Name WILSON-R-STERLING,  
 13. Birthplace OHIO.  
(City, town, or county) (State or foreign country)  
 14. Maiden name \_\_\_\_\_  
 15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. REIBELERT  
 (b) Address HUGHESVILLE, MO.  
 17. (a) BURIAL (b) Date thereof 12-19-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation HIGH POINT.  
 18. (a) Signature of funeral director Geo Bellard.  
 (b) Address Seaboard, Mo  
 19. (a) 12/19/43 Miss Anne Berger  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month DEC. day 17  
 year 1943 hour 6 minute - A M.

21. I hereby certify that I attended the deceased from Dec 14, 1943, to Dec 14, 1943;  
 that I last saw him alive on Dec 14, 1943;  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Copulatory Trochanteritis

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions Age  
(Include pregnancy within 3 months of death)

Major findings: 107  
 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?  
 While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_  
 23. Signature C. J. Parkhurst (M. D. or other) \_\_\_\_\_  
 Address Houstonia, Mo Date signed 12/18/43

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

1-7-44

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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*L. E. Boudelin*

Licensed Embalmer No. *3867*

P. O. Address *Sedalia 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.**