

Registration District No. **267** Primary Registration District No. **3049** Registrar's No. **54**

1. PLACE OF DEATH:
 (a) County **PEMISCOT**
 (b) City or town **HAYTI**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location) **1**
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community _____ years, months or days

3. (a) PRINT FULL NAME: **JOHN SIMON STURM**
 3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NONE**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**
 6. (b) Name of husband or wife **JETTIE L. STURM** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **JUNE 15 1877**
 (Month) (Day) (Year)

8. AGE: Years **67** Months **3** Days **19** If less than one day _____ hr. _____ min.

9. Birthplace: **ECKERTY IND**
 (City, town, or county) (State or foreign country)

10. Usual occupation: **RETIRED SAWMILL OWNER**

11. Industry or business: **SAWMILL**

MOTHER FATHER

12. Name: **JOHN W. STURM**

13. Birthplace: **UNKNOWN**
 (City, town, or county) (State or foreign country)

14. Maiden name: **MARTHA WALLS**

15. Birthplace: **UNKNOWN**
 (City, town, or county) (State or foreign country)

16. (a) Informant: **MRS. JETTIE STURM**

(b) Address: **HAYTI MO.**

17. (a) (Burial, cremation, or removal): **BURIAL** (b) Date thereof **10/7/44**
 (Month) (Day) (Year)

(c) Place: burial or cremation: **HAYTI MO.**

18. (a) Signature of funeral director: **VALHALLA FUNERAL HOME**

(b) Address: **HAYTI MO.**

19. (a) 10-10-1944 (b) J. A. Johnson 10/9/44
 (Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **OCT.** day **4** year **1944** hour **9** minute **P.** M.

21. I hereby certify that I attended the deceased from **Sept. 28, 1944, to Oct. 4, 1944**
 that I last saw him alive on **Oct. 4, 1944**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**

Due to **Arteriosclerosis**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **93h**

Major findings: Of operations _____

Of autopsy _____

Duration
 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: **J. A. Johnson M.D.** (M. D. or other)

Address **Hayti, Mo.** Date signed _____

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

18-44-259'

DEC 22 1944

MAY 4 1945

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

James Kelly

Licensed Embalmer No.

3788

P. O. Address

Hast. 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.