

FILED NOV 25 1944
Registration District No. **1944**

Primary Registration District No. **6-03-5443D**

Registrar's No. **2005**

1. PLACE OF DEATH:

(a) County **Ripley**
(b) City or town **Douglas**
(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)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Albert Sturtz Sr.**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Oct. 1, 1861**
(Month) (Day) (Year)

8. AGE: Years **83** Months **14** Days _____ If less than one day hr. _____ min. _____

9. Birthplace **Hungary**
(City, town, or county) (State or foreign country)

10. Usual occupation **farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **unknown**
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name **unknown**
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant **Albert Sturtz Jr.**

(b) Address **Douglas Mo.**

17. (a) **Burial** (b) Date thereof **Oct. 15, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Blaver Tom Cemetery in home on farm in his bedroom.**

18. (a) Signature of funeral director: **Black's Mortuary** (Specify type of place)
(b) Address **Douglas Mo.** (c) Means of injury **Reflected shot**

19. (a) **11-27-44** (b) **E. O. Johnston**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Ripley 91**
(c) City or town **Douglas**
(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 **18.**
year **1944** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **on**
10-14, 1944, to _____, 19____;

that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Hemorrhage from nose and mouth from 22 caliber rifle bullet between the eyes inflicted by himself. Suicide**
Duration _____
Due to _____

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

Major findings: Of operations _____
Of autopsy **1640**
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) **Suicide**

(b) Date of occurrence **Probably 11 O'clock P.M. 10/13/44**

(c) Where did injury occur? **Ripley Co. Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In home on farm in his bedroom.

(e) Signature **J. Edgar Adamson** (M. D. or other) **coroner**

Address **Douglas, Mo.** Date signed **10-26-44**

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.....

Not Embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.