

FILED APR 25 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12980

State File No.

Registration District No. 42

Primary Registration District No. 3007

Registrar's No. 114

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Alison Street
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
(c) City or town Poplar Bluff,
(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 _____

3. (a) PRINT FULL NAME Safronie Ellen Sturgess,

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

4. Sex Female 5. Color White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife M. C. Sturgess, 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased June 8, 1883
(Month) (Day) (Year)

8. AGE: 61 Years 10 Months 2 Days If less than one day
hr. min.

9. Birthplace Hendrickson, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Abram Romine 9
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name Nancy Wilson 9
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant M. C. Sturgess,
(b) Address Poplar Bluff, Mo. F. D.

17. (a) Burial (b) Date thereof April 15 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hendrickson, Mo.

18. (a) Signature of funeral director Watkins Funeral Service, while at work (b) Name of funeral director _____

(b) Address Dexter, Mo.

19. (a) 4-13-45 (b) Belle Turner (c) Registrar's signature _____ Date signed 4-13-45
(Date received local registrar) (City or town) (State)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12
year 1945 hour 11 minute 30P M

21. I hereby certify that I attended the deceased from March 30 to April 12
that I last saw her alive on April 12 and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation Duration _____

Due to Cerebral Hemorrhage

Due to Hypertension

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

Major findings: Of operations _____

Of autopsy 830

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? _____

(Specify type of place) _____ (Specify type of injury) _____

23. Signature W. M. Marshall M.D. (M. D. or other) _____
Address Poplar Bluff, Mo. Date signed 4-13-45

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

2
7
3

92

APR 30 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 Lynnan Steele
Licensed Embalmer No. 2474
P.O. Address Wester 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.