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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16077

FILED JUN 4

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2226

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

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: K.C. Tuberculosis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One year & 3 mos. (Specify whether years, months or days)

In this community yes Same.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 558 Main
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Richard Sterling

3. (b) If veteran, name war no

3. (c) Social Security No. 405-09-0028

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced widower

6. (b) Name of husband or wife ~~none~~ not living

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased not Known (Month) (Day) (Year)

8. AGE: Years 52 Months — Days 20 If less than one day hr. min.

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

10. Usual occupation Switchtender

11. Industry or business Railroad - Mo Pacific

FATHER
12. Name Robert Sterling
13. Birthplace unknown (City, town, or county) unknown (State or foreign country)

MOTHER
14. Maiden name Rebecca
15. Birthplace unknown (City, town, or county) unknown (State or foreign country)

16. (a) Informant Record Clerk
(b) Address K C T B. Hospital

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-23-45 (Month) (Day) (Year)
(c) Place: burial or cremation Leeds

18. (a) Signature of funeral director Wm A Lohmeyer
(b) Address City Mortician

19. (a) 5-22-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1945 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from January 1, 1945 to May 11, 1945 that I last saw him alive on May 11, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Ceased Respiration

Due to Pulmonary Tuberculosis

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none obtained

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) no

(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)

While at work? — (e) Means of injury —

23. Signature Daniel W. King (M. D. or other)

Address K. C. Mo. Date signed 5/11/45

(Licensed Embalmer's Statement on Reverse Side)

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 Wm A Lohmeyer

Licensed Embalmer No. 3089

P. O. Address KC 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.