

3. No. 2
4-8-43
5-17-39
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DEPARTMENT OF COMMERCE

THE STATE BOARD OF HEALTH OF MISSOURI

FILED FEB 11 1946

STANDARD CERTIFICATE OF DEATH

State File No. 2403

Registration District No. 55

Primary Registration District No. 30.11

Registrar's No. 55

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Carrollton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll
(c) City or town Carrollton
(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 William R. STURGES

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 Married
6. (b) Name of husband or wife Stella Fugit 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Sept. 30 1871
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Knott Co. Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name J. W. Sturges
13. Birthplace Peru
(City, town, or county) (State or foreign country)
14. Maiden name Mary E. Wallace
15. Birthplace Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Sturges
(b) Address Trenton, Mo.

17. (a) Burial (b) Date thereof 1-16-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Stanley Gibson

(b) Address Carrollton, Mo.

19. (a) 1/15/46 (b) Mrs. Herbert Calvert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13
year 1946 hour 9 minute 25 A. M.

21. I hereby certify that I attended the deceased from Jan 1st 1946
_____ 19 _____ to _____ 19 _____

that I last saw him alive on January 13, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration _____

Due to _____

Due to _____

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

Major findings: Of operations None Of autopsy 940
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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) _____ While at work? _____ (e) Means of injury _____

23. Signature John H. Platt (M. D. or other) _____
Address Carrollton, Missouri Date signed Jan 15 1946

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

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RECEIVED

District Health Officer No. 3,

District File Number.....

Date Filed 2-8-46

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 Ben W Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, 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.