

No. 2
M-5-43
v. 5-17-39
X36671

FILED JUL 10 1946

State File No. _____
Registrar's No. 2816

Registration District No. 199

Primary Registration District No. 1002

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: Kansas City General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4-11-46 to 6-22-46
(Specify whether years, months or days) 24 HOURS

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town RURAL CITY
(If outside city or town limits, write "RURAL")
(d) Street No. RR # 2 Hickman Mills
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

NADINE Doris Sturgeon

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased SEPTEMBER 20 1935
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>10</u>	<u>9</u>	<u>2</u>	_____ hr. _____ min.

9. Birthplace ST. JOSEPH MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation STUDENT

11. Industry or business _____

MOTHER FATHER {
 12. Name RALPH E STURGEON
 13. Birthplace BOTLER ILLINOIS
 (City, town, or county) (State or foreign country)
 14. Maiden name ELLEN SMITH
 15. Birthplace POLO MISSOURI
 (City, town, or county) (State or foreign country)

16. (a) Informant MR. RALPH E. STURGEON

(b) Address RR # 2 HICKMAN MILLS MO.

17. (a) BURIAL (b) Date thereof JUNE 25 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEM.

18. (a) Signature of funeral director D. H. Newcomer, Son

(b) Address 1401 BRUSH CREEK BLDG.

19. (a) 6-24-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22
year 1946 hour 8 minute 42 P. M.

21. I hereby certify that I attended the deceased from 4-11 1946 to 6-22 1946
that I last saw h. or alive on June 22, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Left cerebral intraventricular hemorrhage Broncho pneumonia

Due to _____

Due to _____

Due to _____

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

Major findings: 830

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 Wm W. Hart (M. D. or other) MD

Address MED DIR. RC GENERAL HOSPITAL Date signed JUNE 23 1946

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

1946

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 Melvin Miller

Licensed Embalmer No. 4407

P. O. Address Kansas City, 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.