S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 2 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20540

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2760

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: 3224 EAST 6TH 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 39 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3224 EAST 6TH STREET 8
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country - - -

3. (a) PRINT FULL NAME MR. LAWRENCE MARSHALL STURGEON

3. (b) If veteran, name war NO

3. (c) Social Security No. 500-22-5481

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. NELLIE L. STURGEON

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased JUNE (Month) 26 (Day) 1873 (Year)

8. AGE: Years 72 Months 11 Days 22 If less than one day hr. min.

9. Birthplace JEFFERSON (City, town, or county) IOWA (State or foreign country)

10. Usual occupation COIN COLLECTOR

11. Industry or business SOUTHWESTERN BELL TELEPHONE CO.

FATHER
12. Name SAMUEL MARSHALL STURGEON
13. Birthplace DAYTON (City, town, or county) OHIO (State or foreign country)

MOTHER
14. Maiden name FRANCES E HODGEON
15. Birthplace UNKNOWN (City, town, or county) IOWA (State or foreign country)

16. (a) Informant Nellie L Sturgeon
(b) Address 3224 E. 6

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 6-20-46 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ HELENA, OKLAHOMA

18. (a) Signature of funeral director O. N. Newcomer Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 6-20-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 18TH year 1946 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 7, 1946 to June 18, 1946 that I last saw him alive on June 18, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 24 hrs.

Due to Hypertensive Cardio Vascular Disease — Years.

Due to

Other conditions (Include pregnancy within 3 months of death) 93 d

Major findings:
Of operations

Of autopsy

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)

While at work? (e) Means of injury 0

23. Signature Jesse D Prang M. D. or other MD.
Address 1103 Grand KCMo. Date June 19, 46

(Licensed Embalmer's Statement on Reverse Side)

8th Professional Bldg.
1-5

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 K.C., 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.