S. No. 2
6-8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24410
State File No.

Registration District No. 231 Primary Registration District No. 4346 Registrar's No. 14

1. PLACE OF DEATH:
(a) County Montgomery
(b) City or town Montgomery
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 10yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Montgomery 70
(c) City or town Montgomery 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Hermon H. Sturgeon
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Xenia Sturgeon
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased Jan 18 th 1869 (Month) (Day) (Year)

8. AGE: Years 77 Months 5 Days 15 If less than one day hr. min. 0

9. Birthplace Audrain Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Robert M. Sturgeon
FATHER 13. Birthplace Ohio / (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Mary Swope
MOTHER 15. Birthplace Ohio / (City, town, or county) (State or foreign country)
16. (a) Informant Mrs C.C. Frank
(b) Address Montgomery City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-5-46 (Month) (Day) (Year)
(c) Place: burial or cremation Middletown Mo Cem
18. (a) Signature of funeral director C. W. Hopkins
(b) Address Montgomery City Mo
19. (a) 7-5-46 (Date received local registrar) (b) Virgil T. Spires (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3rd year 1946 hour 6:00 minute P M.
21. I hereby certify that I attended the deceased from May 21st 1946 to July 3 1946 that I last saw h. alive on July 3 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinomas of Head & Pancreas with General Metastasis to Lungs, liver	3-5yrs
Due to Diabetes Mellitus	8yrs
Due to Anemia, Jaundice Tachycardia	3-5yrs
Other conditions (Include pregnancy within 3 months of death) Have treated him often 8yrs	
Major findings: Of operations	
Of autopsy 4 days	

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

23. Signature E. J. C. Anderson, M.D. (M. D. or other) M.D.
Address Montgomery City, Mo Date signed 7/3/46

204

(Licensed Embalmer's Statement on Reverse Side)

AUG 19 1946

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 7-23-46

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~~ on the 3rd day of July 1946, Registered Apprentice No., working under my personal supervision.

Signed C. W. Hopkins
Licensed Embalmer No. I487
P. O. Address Montgomery 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.