

S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 5 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33796

State File No. _____
Registrars No. **4433**

Registration District No. **149**

Primary Registration District No. **1002**

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: Grosse Nursing Home, 3918 Charlotte
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 weeks
(Specify whether years, months or days)
In this community 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Wyandotte
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3724 Booth
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Addie Sturges
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Alison Sturges
6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased Jan. 30 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 8 21 hr. min.

9. Birthplace Jennings Co. Ind. Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business at home

MOTHER FATHER
12. Name Peter Gahn
13. Birthplace no record no record
(City, town, or county) (State or foreign country)
14. Maiden name Lavin Sciliff
15. Birthplace no record no record
(City, town, or county) (State or foreign country)

16. (a) Informant Dee D. Sappenfield
(b) Address 3724 Booth.

17. (a) burial (b) Date thereof 10/23/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St Hope Cem. K.C.M.

18. (a) Signature of funeral director Gates Funeral Home
(b) Address Kansas City, Kans.

19. (a) 10-23-46 (b) Geraldine Holme
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21
year 1946 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from May 6
1946 to Oct 21 1946
that I last saw her alive on Oct 20 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Due to Arterio Sclerosis
Duration 123 days

Due to _____
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations gla
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 _____
23. Signature Albert A. Krumm (M. D. or other) _____
Address 318 Arden Blvd K.C.R. Date signed Oct 22 46

Dr. Albert Harms
Huron Bldg.

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 W Ross Blanford

Licensed Embalmer No. 4015

P. O. Address 411 State Lane

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.