

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

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: **ST MARYS HOSPITAL 0**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 DAYS**  
(Specify whether

In this community **12 YEARS**  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **MISSOURI** (b) County **JACKSON MO**

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

(d) Street No. **614 N. 18TH STREET 0**  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **RODEVA. KATHRYN STURGEON**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NO ONE**

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 **AUG - 25 - 1934**  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **MAY** day **27TH**  
year **1947** hour **1** minute **10 A.M.**

21. I hereby certify that I attended the deceased from **1943**  
19\_\_\_\_ to **5/27/47** 19\_\_\_\_

that I last saw **her** alive on **5/26/47** 19\_\_\_\_  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>12</b>	<b>9</b>	<b>2</b>	hr. _____ min. _____

Immediate cause of death **Mythal stenosis**

Due to **Rheumatic Heart Disease** 1943

Due to \_\_\_\_\_

9. Birthplace **KANSAS CITY Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **STUDENT**

Other conditions **None**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **92%**

Of autopsy \_\_\_\_\_

**MOTHER** { 11. Industry or business **LOWELL SCHOOL**

12. Name **KENNETH STURGEON**

13. Birthplace **HUTCHINSON KANSAS**  
(City, town, or county) (State or foreign country)

14. Maiden name **MARLEVERITE DOKAN**

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

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 \_\_\_\_\_

16. (a) Informant **Kenneth Sturgeon**

(b) Address **614 N. 18TH ST. K.C. MO.**

17. (a) **BURIAL** (b) Date thereof **MAY 29 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MT. MORIAH CEMETERY**

18. (a) Signature of funeral director **W. N. Newcomer's Sons**

(b) Address **1401 BRUSH CREEK BLVD.**

19. (a) **5-28-47** (b) **Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

23. Signature **[Signature]** (M. D. or other) \_\_\_\_\_

Address **1401 S. M. Bldg.** Date signed **5/27/47**

**R. E. I. G.**

1481 South Walnut Blvd.  
12:30-5

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**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 Jess Deuss

Licensed Embalmer No. 4453

P. O. Address Kansas City

**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.**