

No. 2
8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 6 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34110**
Registrar's No. **76**

Registration District No. **100**

Primary Registration District No. **5392**

1. PLACE OF DEATH:
 (a) County **Dent**
 (b) City or town **Rural Watkins Twp**
 (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
 In this community **Life** _____ (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME **Jackson Davis Sturgeon, Sr.**
 3. (b) If veteran, name war **--**
 3. (c) Social Security No. **---**

4. Sex **Male** 0
 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **Catherine Lenox Sturgeon** alive _____ years
 6. (c) Age of husband or wife if _____ years
 7. Birth date of deceased **September 9th, 1861**
 (Month) (Day) (Year)

8. AGE: Years **86** Months **1** Days **9**
 If less than one day _____ hr. _____ min.

9. Birthplace **Lakes Spring Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **Farming**

MOTHER FATHER
 { 12. Name **John Newton Sturgeon**
 { 13. Birthplace **Unknown Ala.**
 (City, town, or county) (State or foreign country)
 { 14. Maiden name **Ursula Howard**
 { 15. Birthplace **Unknown Ala.**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Catherine Sturgeon**
 (b) Address **Lake Springs, Missouri**

17. (a) **Burial** (b) Date thereof **Oct. 20, 1947**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lake Springs, Missouri**

18. (a) Signature of funeral director **Smith-Hollow**
 (b) Address **Rolla, Missouri**

19. (a) **10-22-47** (b) **R. J. Hart, M.D., Rg**
 (Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **October** day **18**
 year **1947** hour **4** minute **10 P.M.**

21. I hereby certify that I attended the deceased from **Aug 1947**
 _____, 19____, to **Oct 18, 1947**
 that I last saw him alive on **Oct 18, 1947**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac failure**
 Due to **Hypertension**
 Due to **Senility**

Other conditions (Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

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 **R. J. Hart** (M. D. or other) _____
 Address **Rolla, Mo** Date signed **10/21/47**

Duration **2 weeks**
PHYSICIAN
 Underline the cause to which death should be charged statistically.

RECEIVED

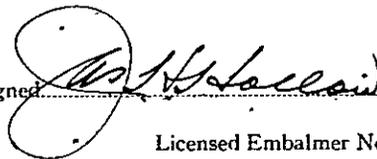
District Health Officer No. 5,
District File Number 114-7640
Date Filed 11-5-47

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.....

..... **Was not embalmed**, Registered Apprentice No.....
working under my personal supervision.

Signed



Licensed Embalmer No. **3643**

P. O. Address **Rolla, Missouri**

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.