

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Meruda
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1110 N. Adams 1
(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) 12 mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Vernon 102
(c) City or town Meruda 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1110 N. Adams 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Charles H. Sturgeon

3. (b) If veteran, name war no 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 13th
year 48 hour 9 minute 15P M.

21. I hereby certify that I attended the deceased from 8 Aug 48
47, to 13 Jan 48
that I last saw him alive on 13 Jan 48
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clara E. Sturgeon 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Mar. 3, 1882
(Month) (Day) (Year)

Immediate cause of death Bronchectasis extending severe (My Diagnosis)
Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>10</u>	<u>10</u>	hr. _____ min. _____

Due to _____
Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

9. Birthplace Bloomington Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Isaac Sturgeon

13. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

14. Maiden name Mary Turner

15. Birthplace Illinois 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clara E. Sturgeon

(b) Address 1110 N. Adams

17. (a) Burial (b) Date thereof 1-16-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Burial Park

18. (a) Signature of funeral director Geisiger Funeral Home
(b) Address Meruda Mo.

19. (a) 1-21-48 (b) Walter H. Harey
(Date received local registrar) (Registrar's signature)

Major findings: None
Of operations _____
Of autopsy None

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) _____ Means of injury _____
23. Signature Walter H. Harey (M. D. or other) _____
Address Meruda Mo. Date signed 14 Jan 1948

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

RECEIVED
District Health Officer No. 4
District File Number 12-47-3076
Date Filed 1-22-41

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 Mark Eichinger
Licensed Embalmer No. 2656
P. O. Address Newark, 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.