. No. 2
—8-43
-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 9 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11312

Registration District No. 369 Primary Registration District No. 6257 Registrar's No. 3

1. PLACE OF DEATH:
(a) County Wayne
(b) City or town Patterson
(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 4 yr.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Wayne 116
(c) City or town Patterson
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lennie Edith Sturgen
3. (b) If veteran, name war XXXXX
3. (c) Social Security No. XXX
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced 3
6. (b) Name of husband or wife Arthur Sturgen
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 10 (Day) 1883 (Year)

8. AGE:	Years	Months	Days	If less than one day
	64	5	28	hr. min.

9. Birthplace Wayne Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housework
11. Industry or business Home
FATHER
12. Name James T. Bell
13. Birthplace Wayne Co. (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Hannah Chapel
15. Birthplace (City, town, or county) Tenn. (State or foreign country)
16. (a) Informant Thelma Garren
(b) Address Piedmont Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 10 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Patterson Mo.
18. (a) Signature of funeral director Norman W. Gish
(b) Address Piedmont Mo.
19. (a) Mar. 12 48 (Date received local registrar) (b) Lillie E. Piles (Registrar's signature) 24th

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8
year 1948 hour 9 minute 30 P.M.
21. I hereby certify that I attended the deceased from November, 1947, to Jan 5, 1948
that I last saw her alive on 1-5, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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 Adam F. Wagner (M. D. ~~or other~~)
Address Greenville Mo. Date signed 1-10-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 448-452

Date Filed 4-8-48

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

Me, Registered Apprentice No.

working under my personal supervision.

Signed Marvin E. Bowle

Licensed Embalmer No. 4426

P. O. Address Piedmont, 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.