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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 20 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36905

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4454

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: 1660 Pensylvania (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)

In this community 20 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3 (If outside city or town limits, write "RURAL")

(d) Street No. 1660 Pensylvania 8 (If rural, give location)

(e) Citizen of foreign country? unknown (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Elizabeth Sturgill

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 7

6. (b) Name of husband or wife George C. Sturgill

6. (c) Age of husband or wife if alive * years

7. Birth date of deceased 4 (Month) 2 (Day) ~~1871~~ 1872 (Year)

8. AGE: Years ~~77~~ 76 Months 6 Days 27 If less than one day hr. min.

9. Birthplace Toronto (City, town, or county) Canada (State or foreign country) 7

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Robert Bohn

13. Birthplace (City, town, or county) Canada (State or foreign country) 7

14. Maiden name No Record

15. Birthplace (City, town, or county) Holland (State or foreign country) 4

16. (a) Informant Mr. Ernest Sturgill

(b) Address 1704 East 40th. Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-3-1948 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address Kansas City, Mo.

19. (a) 11-1-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29th. year 1948 hour 11 minute 57 P. M.

21. I hereby certify that I attended the deceased from 8/30, 1948, to 10/29, 1948 that I last saw her alive on 10-21, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion c̄ Myocardial Infarct	2
Due to: Arteriosclerosis	—
Due to:	
Other conditions (Include pregnancy within 3 months of death): 94	
Major findings: Of operations	
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 0

23. Signature J.M. Haight MD (M. D. or other)

Address 3401 E 12th KC Mo. Date signed 10/30/48

(Licensed Embalmer's Statement on Reverse Side)

Dr. Haight
Be 4822
2/30 P/M.

3401-E-12th

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 Dean Owens

Licensed Embalmer No. 4280

P. O. Address K. C., 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.