

S. No. 2
-11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21652

State File No. _____

Registration District No. 280

Primary Registration District No. 5390

Registrar's No. 28

1. PLACE OF DEATH:

(a) County DOUGLAS
(b) City or town CLAY 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 _____ (Specify whether _____)
years, months or days 3 1/2

3. (a) PRINT FULL NAME RACHEL STURGEON

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife CHRISTOPHER STURGEON 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased OCT. 19 1850
(Month) (Day) (Year)

8. AGE: Years 89 Months 6 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace ROCKPORT INDIANA
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER { 12. Name NELSON COOMBS

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

14. Maiden name NOT KNOWN

15. Birthplace NOT KNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Carl Sealhorn

(b) Address Manassah Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 16 1940
(Month) (Day) (Year)
(c) Place: burial or cremation FAIRVIEW CEM.

18. (a) Signature of funeral director Bill Steffe

(b) Address Manassah Mo

19. (a) 6-24 1940 (Date received local registrar) (b) Reba King White (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DOUGLAS
(c) City or town MANSEFIELD-RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 14
year 1940 hour 2 minute 15 P. M.

21. I hereby certify that I attended the deceased from May 11, 1940, to May 14, 1940; that I last saw her alive on May 4, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach Duration 608 days

Due to _____
Due to Hb

Other conditions (include pregnancy within 3 months of death) _____

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? _____

976 While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J. A. Fuson (M. D. or other) _____
Address Manassah Mo Date signed 5/15 40

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

4

RECEIVED

District Health Officer No. 6,

District File Number 740-1488

Date Filed JUL 03 1940

JUL 03 1940

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

F. C. Steffe

Licensed Embalmer No.

3221

P. O. Address

Manfull rd

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, above space should be left blank.