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26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED OCT 15 1941

Registration District No. 134

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31285

Primary Registration District No. 4075

Registrar's No. 11

1. PLACE OF DEATH:
(a) County Carroll
(b) City or town Bosworth Mo 1
(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
In this community Ten years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Carroll 17
(c) City or town Bosworth 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Isaac Newton Sturgeon.
3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec (Month) 13 (Day) 1856 (Year)
8. AGE: Years 84 Months 9 Days 17 If less than one day hr. min.
9. Birthplace Near Bosworth (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Lewis Elnyard Sturgeon
13. Birthplace Kenn (City, town, or county) 1 (State or foreign country)
MOTHER 14. Maiden name Barbara Ann Troch
15. Birthplace Ohio 1 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Geo. Chartrand
(b) Address Bosworth Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 2-1941 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Sumner Cemetery
18. (a) Signature of funeral director David J Edwards
(b) Address Bosworth Mo
19. (a) Oct 1st 1941 (Date received local registrar) (b) Mrs. A. G. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30 year 1941 hour 9 minute A.M.
21. I hereby certify that I attended the deceased from Sept 1 1939 to Sept 30 1941 that I last saw him alive on Sept 29 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis	Duration
Due to	
Due to	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature A. G. Brown (M. D. ~~or other~~)
Address Bosworth Mo Date signed Oct 11 1941

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-14-41

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 David J. Edwards

Licensed Embalmer No. 3265

P. O. Address Bosworth, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.