DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED. OCT 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31874

Registration District No. 431 — Primary Registration District No. 3023 — Registrar's No. 122

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 612 S. Maguire 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 50 yr's
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51

(c) City or town Warrensburg 2
(If outside city or town limits, write "RURAL")

(d) Street No. 612 S. Maguire 2
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Anna Louise Hart Sterling

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

4. Sex Female 1 — 5. Color or race Wh — 6. (a) Single, widowed, married, divorced 2 divorced

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

7. Birth date of deceased July (Month) 7 (Day) 1858 (Year)

8. AGE: Years 83 — Months 2 — Days 20 — If less than one day ..... hr. ..... min.

9. Birthplace High Point Moniteau Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Andrew J. Hart
13. Birthplace Bucks Co. Penn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Adeline Keightly
15. Birthplace Ithaca N.Y. (City, town, or county) (State or foreign country)

16. (a) Informant Nellie Hart Sterling
(b) Address 612 S. Maguire Warrensburg Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 30 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director W. R. Wilcox
(b) Address Warrensburg Mo.

19. (a) Sept 29 - 1941 (Date received local registrar) (b) Leola M. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27 — year 1941 hour 10 minute 10 P M.

21. I hereby certify that I attended the deceased from Sept 24 1941 to Sept 27 1941; that I last saw her alive on Sept 27 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Abdominal Abstinence — Duration 3 days

Due to adhesion

Due to

Other conditions age
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy no

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 L. J. Schofrey (M. D. or other)
Address Warrensburg Date signed Sept 29 1941

10 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 10-2-41

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.....

Licensed Embalmer No. 3053

P. O. Address Warrensburg Mo

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

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

o. 2B
-21-41
X29288

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

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STANDARD CERTIFICATE OF DEATH

State File No. 31874

Registration District No. 431 Primary Registration District No. 5023 Registrar's No.

1. PLACE OF DEATH:
(a) County: Johnson
(b) City or town: Warrensburg
(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 years, months or days)
In this community

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

3. (a) PRINT FULL NAME: Anna L. H. Sterling
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: D
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: July (Month) 7 (Day) 1858 (Year)
8. AGE: Years 83 Months 2 Days 20 If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) Sept 29-41 (Date received local registrar) (b) Leola M. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. Day 27 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h. alive on 19; and that death occurred on the date and hour stated above.
Immediate cause of death: Abdominal Obstruction — Duration
Due to: Adhesion (congenital condition. Ancestry dine 1936) — Duration
Due to: Immediate cause, Morbus or interruptus L.J. Schofield — Duration
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 1579

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 (M. D. or other)
Address Date signed

SUPPLEMENTARY

5-31874 1941