

FILED NOV 12 1942

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 445

1. PLACE OF DEATH Jasper

(a) County Jasper

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

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 yrs
(Specify whether years, months or days)

In this community 50 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 49

(a) State Missouri (b) County Jasper

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

(d) Street No. 401 Hill St.
(If rural, give location)

(e) Citizen of foreign country? ----- (Yes or No) 0
If yes, name country 0

3. (a) PRINT FULL NAME Chas C. Sturges.

3. (b) If veteran, name war --

3. (c) Social Security No. -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 12
year 1942 hour 7 minute A M.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Sarah

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased no record
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 19 to 19
that I last saw Did not see him alive
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
<u>89</u>				<u>9</u> hr. <u>-----</u> min.

Immediate cause of death Senility

Due to arterio Sclerosis

Other conditions 1628
(include pregnancy within 3 months of death)

9. Birthplace No record
(City, town, or county) (State or foreign country)

10. Usual occupation no record

11. Industry or business no record

12. Name no record

13. Birthplace no record
(City, town, or county) (State or foreign country)

14. Maiden name no record

15. Birthplace no record
(City, town, or county) (State or foreign country)

Major findings: 1628

Of operations -----

Of autopsy -----

PHYSICIAN -----
Underline the cause to which death should be charged statistically.

16. (a) Informant Wife Sarah Sturges

(b) Address Joplin 401 Hill

17. (a) Burial (b) Date thereof 10-13th 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cem.

18. (a) Signature of funeral director Paul H. ...

(b) Address Joplin Mo

19. (a) 10-15-42 (b) Gutman ...
(Date received local registrar) (Registrar's signature)

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 -----

Signature R. W. ... (M. D. or other) -----

Address Carthage Mo Date signed Oct 13

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

49
2
5

MOTHER FATHER

916

1003

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 *Larry K. Hurebut*
Licensed Embalmer No. 959
P. O. Address *John New*

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.