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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
LEU OCT 1 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 41

Registration District No. 326

Primary Registration District No. 6210

1. PLACE OF DEATH:

(a) County Texas

(b) City or town Rural Upton, Tex
(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 22 yrs.
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Texas 1070

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

(d) Street No. Upton Ave.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME James Lewis Sturgill

3. (b) If veteran, name war _____

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27
1943 year 7 hour 30 minute _____ a.M.

4. Sex male 5. Color or race w

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

6. (b) Name of husband or wife Mary Sturgill

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

7. Birth date of deceased Aug. 19 1858
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from SEPT 25 1943 to SEPT 27 1943
that I last saw him alive on SEPT 25 1943
and that death occurred on the date and hour stated above.

Immediate cause of death ACUTE ENTERITIS OF UNDETERMINED ETIOLOGY

Due to _____

Due to _____

8. AGE: Yrs 85 Months 1 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Scott Co. Va. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

Major findings: Of operations _____

Of autopsy 1200

MOTHER FATHER

11. Industry or business _____

12. Name Lewis Sturgill

13. Birthplace Va. 1
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant John Sturgill

(b) Address Upton, Mo

17. (a) Burial (b) Date thereof 9/28/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hickory Ridge

18. (a) Signature of funeral director Wayne V. Elliott

(b) Address Houston, Mo

19. (a) Sept. 28-43 (b) Mrs. Ella Duff
(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? _____

While at work _____ (Specify type of place)

(a) Means of injury _____

23. Signature J. M. Dillman (M. D. or other) M.D.

Address Houston, Mo. Date signed 9-27-43

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

700

1240

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No 5,

District File Number 1043602

Date Filed 10-8-43

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.....

P. O. Address.....

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.