

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Jackson
(c) Name of hospital or institution: Wesleyan
8112 Montgall Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 20 years
years, months or days)

3. (a) PRINT FULL NAME MRS. RUTH CONSTANCE STURGIS

3. (b) If veteran, name war none 3. (c) Social Security No. 487-07-4282

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Wm. Kenneth L. Sturgis 6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased November 8 1892
(Month) (Day) (Year)

8. AGE: Years 49 Months 1 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Charlottetown Prince Edward Island Canada
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

12. Name William Thomas Huggan
13. Birthplace London England
(City, town, or county) (State or foreign country)
14. Maiden name Graham Weldon
15. Birthplace London England
(City, town, or county) (State or foreign country)

16. (a) Informant Kenneth L. Sturgis
(b) Address 8112 Montgall

17. (a) Burial (b) Date thereof Dec 14 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director D. W. Thurmon
(b) Address 1401 Brushy Creek Blvd.

19. (a) Dec 20 (b) Wm. R. Underhill
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 8112 Montgall Avenue
(If rural, give location)
(e) Citizen of foreign country? YES (Yes or No)
If yes, name country CANADA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12TH
year 1943 hour 5 minute P M.
21. I hereby certify that I attended the deceased from June 2, 1943
to Dec 12, 1943
that I last saw her alive on Dec 12, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Cancer
Due to Cancer of the breast

Due to _____
Other conditions (Include pregnancy within 3 months of death) 50

Major findings: Of operations _____
Of autopsy none

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)
(e) Means of injury _____
23. Signature Wesley J. O'Connell (M. D. or other)
Address 1103 Spruce Ave K.C. Mo. Date signed 12/13/43

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

MOTHER FATHER

1/0 2

JAN 18 1944

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 Em Colburn

Licensed Embalmer No. 3506

P. O. Address Kemo

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.

Jan.

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1. PLACE OF DEATH:

(a) County Jackson Rural
(b) City or town Ransas City Washington
(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 20 yr. years, months or days)

3. (a) PRINT FULL NAME Ruth C. Sturgis

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 m

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 48 year

7. Birth date of deceased Nov. 8 (Month) (Day) (Year)

8. AGE: Years 49 Months Days If less than one day min.

9. Birthplace Canada (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) Dec. 20, 1943 (b) Dr. Annie G. Hedgac (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) County..... 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.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Year 1943 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19.....
that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

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)

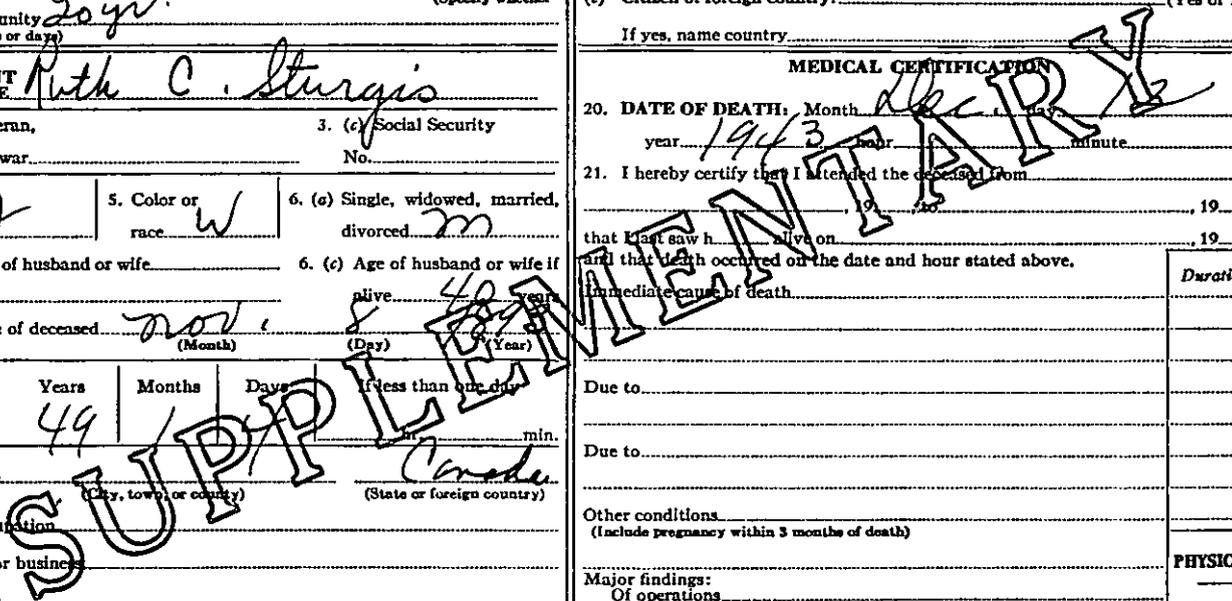
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

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

Address..... Date signed.....

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



5-42573