S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 9 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6861

Registration District No. 65 Primary Registration District No. H113 Registrar's No.

21
1
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1. PLACE OF DEATH:
(a) County Chariton
(b) City or town Brunswick
(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 Missouri (b) County Chariton 21
(c) City or town Brunswick 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Wilfred Harold Sterne
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 1 (Day) 1849 (Year)

8. AGE: Years 64 Months 4 Days 11 If less than one day hr. min.

9. Birthplace Brunswick (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Sailor
11. Industry or business

MOTHER FATHER
12. Name Edward Sterne
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Mellissa Eleana McClop
15. Birthplace Keithburg (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mrs. Dorothia Bond
(b) Address Brunswick Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 15 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Elliott Grove
18. (a) Signature of funeral director John H. Meyer
(b) Address Brunswick Mo
19. (a) Feb 15 1944 (Date received local registrar) (b) J. L. Amess (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12 year 1944 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from Feb 8, 1944, to Feb 12, 1944, that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute meningitis	2 days
Due to: Influenza	5 days
Due to:	
Other conditions: none (Include pregnancy within 3 months of death)	

Major findings:
Of operations: none
Of autopsy: none

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 Harry E. Tatum (M. D. or other)
Address Brunswick MO Date signed 2/14/44

1024 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-8-44

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 K P McCrary

Licensed Embalmer No. 3153

P. O. Address Glasgow Mo.

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.