

FILED JUL 26 1944  
Registration District No. 186

Primary Registration District No. 2001

Registrar's No. 339

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

49  
2  
5

1. PLACE OF DEATH:

(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:  
401 Hill  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 25 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2  
(If outside city or town limits, write "RURAL") 5

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

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

If yes, name country 0

3. (a) PRINT FULL NAME Sarah Sturges

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased February 13, 1872  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8  
year 1944 hour 2:00 AM M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him did not see her alive and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 4 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Pulmonary hemorrhage

Due to Pulmonary tuberculosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 1381

9. Birthplace Barry County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

11. Industry or business \_\_\_\_\_

12. Name Hiriam Dummit

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

14. Maiden name Tranquilla Bolen

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

16. (a) Informant Ans. S. G. Drake  
(b) Address Monett MO 10 H-1

22. If death was due to external causes, fill in the following:

(c) 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? No.

17. (a) Burial (b) Date thereof 7-10-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Kings Prairie Cem., Kings Prairie, Mo.

18. (a) Signature of funeral director Hurlbut Und. Co.  
(b) Address Joplin, Missouri

19. (a) 7-8-44 (b) Gertrude Sudhalter  
(Date received local registrar) (Registrar's signature)

23. Signature R. V. Webster (M. D. or other) \_\_\_\_\_  
Address Carthage Mo 3 Date signed July 8, 44

44-6-582

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ~~by~~ or by.....

*Richard Gray Lewis* ..... Registered Apprentice No. *865*  
working under my personal supervision.

Signed *Ray G. Hubbard*.....

Licensed Embalmer No. *959*.....

P. O. Address *Jupiter, Fla.*.....

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.