S. No. 2
M—12-45
v. 5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 1 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9434

Registration District No. 1449 — Primary Registration District No. 1602 — Registrar's No. 1256

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4104 Terrace /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 4104 Terrace 8
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME STEWART B. STURGIS
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Ma O
5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eva. May Sturgis
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased February (Month) 9 (Day) 1876 (Year)

8. AGE: Years 71 | Months 1 | Days 8 | If less than one day ___ hr. ___ min.

9. Birthplace Clarksburg (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Retired Employee
11. Industry or business U.S.Revenue Agent Service
FATHER
12. Name Capt. Wm. H. Sturgis /
13. Birthplace Cumberland County (City, town, or county) Pa. (State or foreign country)
MOTHER
14. Maiden name Kesiah Beresford
15. Birthplace No Record (City, town, or county) (State or foreign country) 9
16. (a) Informant Mrs. Eva M. Sturgis
(b) Address 4104 Terrace
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-19-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cemetery
18. (a) Signature of funeral director J W Wagner
(b) Address Kansas City, Mo.
19. (a) 3-18-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17th year 1947 hour 9:00 minute A. M.
21. I hereby certify that I attended the deceased from October 1945 / 19__, to Date of Death, 19__; that I last saw him alive on March 15, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Rheumatic Heart Disease	30-40 yrs.
Mitral Stenosis	
~~Due to~~ Aortic Stenosis	
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? — (Specify type of place)
While at work? — (e) Means of injury — 0
23. Signature [signature] (M. D. ~~or other~~)
Address 315 Alameda Road, K.C., Mo. Date signed 18 Mar. 47

(Licensed Embalmer's Statement on Reverse Side)

315 Alameda Rd
WE 1050
2 - 3:00 P.m.

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, M

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.