

FILED JAN 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1528

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Cherokee</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>John</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Baxter Springs</u> 8150	
c. LENGTH OF STAY (In institution) <u>2 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>1229 Grant Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-7-50</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rosa</u> b. (Middle) <u>[redacted]</u> c. (Last) <u>Sturgeon</u>		5. SEX <u>Female</u> 6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>July 18-1873</u>	
9. AGE (In years last birthday) <u>76</u> IF UNDER 1 YEAR Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>		11. BIRTHPLACE (State or foreign country) <u>Fort Scott Kans.</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Geo Johnson</u>	
13b. MOTHER'S MAIDEN NAME <u>Beals</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) (If yes, give war & dates of service) <u>X</u>		16. SOCIAL SECURITY NO. <u>X</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Valley Love</u>		ADDRESS <u>Baxter</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u> ANTECEDENT CAUSES DUE TO (b) <u>Inequality</u> DUE TO (c) <u>Fractured Rib</u> II. OTHER SIGNIFICANT CONDITIONS <u>Hypostatic Pneumonia</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Baxter Springs 215 Kansas</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>FELL</u>		22. I hereby certify that I attended the deceased from <u>11-27-1948</u> , to <u>1-7-1950</u> , that I last saw the deceased alive on <u>1-7-1950</u> , and that death occurred at <u>4:45 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Type or Print) <u>W. H. Duff</u>		23b. ADDRESS <u>Waco, Tex</u>	
23c. DATE SIGNED <u>1/9/50</u>		24a. BURIAL (CREMATION) REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>1-7-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Baxter Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Baxter Spgs. Kans.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edna Wena</u>	
25. ADDRESS <u>Baxter Spgs. Kans.</u>		DATE REC'D BY LOCAL REG. <u>1-10-50</u>	
REGISTRAR'S SIGNATURE <u>[Signature]</u>		REGISTRAR'S NAME <u>[Name]</u>	

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

FEB 1 1950

RECEIVED 1-23-50

Jasper County Health Office

County File Number 50-1-38

Date Filed 1-30-50

III 17 1950

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 _____

Wene Funeral Home

Student Embalmer No. _____

working under my personal supervision.

Floyd R Wyatt

Student _____
Student Embalmer

Signed *J Lane Wene*

Licensed Embalmer No. *2880*

P. O. Address *Wayton Spgs Kan*

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.