

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

19344
Do not use this space.

REC'D JUN 19 1939

1. PLACE OF DEATH
 (a) County Newton Registration District No. 614
 (b) Township Granby Primary Registration District No. 5816
 (c) City or City (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME John Newton Sitler
 (a) Residence, No. Granby R.F.D. # 2. St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nancy Bishop Sitler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 19, 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>78</u>	<u>8</u>	<u>26</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Miner
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation 1

FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cassville Kentucky
 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT Effie Hayworth
 (ADDRESS) Granby R.F.D. #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Granby Cemetery DATE May 19 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Corley Thompson Neosho Missouri

20. FILED May 16, 1939 R. E. Rolins
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15 19 39

22. I HEREBY CERTIFY, That I attended deceased from 1-1-1928 to 5-12-1939
 I last saw h. alive on _____ 19____. Death is said to have occurred on the date stated above, at 7:45 P.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral apoplexy (?)
72
Chronic nephritis (?)
 Other contributory causes of importance:
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify Chardull, M. D.
 (Signed) Stella Mo...
 (Address) 544

RECEIVED

District Health Officer No. 6,

District file number 6-6-39-1303

Date Filed JUN 13 1939

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

Gail R. Gay, Registered Apprentice No. 189
working under my personal supervision.

Signed

Carly Thompson

Licensed Embalmer No. 3259

P. O. Address

Neosho 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, above space should be left blank.