

FILED JUL 12 1941

Registration District No.

2 Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH: ANDREW
(a) County ST. JOSEPH - RURAL - JEFFERSON
(b) City or town ST. JOSEPH - RURAL - JEFFERSON
(c) Name of hospital or institution: R. T. B. #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether)
In this community ABT - 40 YRS.
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County ANDREW
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. R.T.D #1 - ST. JOSEPH - O
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME ROBERTA - SITTON
(b) If veteran, name war no (c) Social Security No. no
4. Sex Female 5. Color or race Wh. 6. (a) Single, widowed, married, divorced divorced
7. (b) Name of husband or wife Joseph A. (c) Age of husband or wife if alive 74 years
8. Birth date of deceased May 22 1867
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JUNE day 22
year 1941 hour 11:30 minute P M.
21. I hereby certify that I attended the deceased from MAY 10
1941 to JUNE 22 1941;
that I last saw ER alive on 5/22/41 and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 1 Days 0 If less than one day _____ hr. _____ min.
9. Birthplace Douglas Co. Kansas
(City, town, or county) (State or foreign country)

Immediate cause of death Carcinoma
of stomach
Due to Myocarditis
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy no

MOTHER FATHER
12. Name Nichols W. Kent
13. Birthplace Peru
(City, town, or county) (State or foreign country)
14. Maiden name Marie Miller
15. Birthplace W. Virginia
(City, town, or county) (State or foreign country)
16. (a) Informant Frances L. Warner
(b) Address Route 4
17. (a) burial (b) Date thereof June 25 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Douglas Co. Mo.
18. (a) Signature of funeral director Ray Stacey
(b) Address St. Joseph Mo.
19. (a) June 24 - 41 (b) W. H. Holcomb
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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 _____
23. Signature Ray Stacey (M. D. or other) 0
Address St. Joseph Mo. Date signed 6/23/41

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

2002

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JUL 9 1941

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.....

June 23 1941

....., Registered Apprentice No.....

working under my personal supervision.

Signed *John H. Hurley*

Licensed Embalmer No. 4050

P. O. Address *St Joseph 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.

Registration District No. 2

Primary Registration District No. 205

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Andrew

(b) City or town Jefferson T.P.
(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 _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Roberta Sutton

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race wh

6. (a) Single, widowed, married, divorced DW

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 0

If less than one year _____ hr. _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1947 hour _____ minute _____ M.

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

Immediate cause of death Carcinoma Duration _____

Liver + Pelvic end of
Stomach, Liver, Prostate

Due to Myo Carditis

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

Major findings: 468

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. R. (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

