S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 27 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19207

Registration District No. 840 Primary Registration District No. 6103 Registrar's No. 11

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

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Advance New Lisbon Twp
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 103 0

(c) City or town Advance, Mo. R. 1. 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mary Francis Sitz.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan. (Month) 12 (Day) 1867 (Year)

8. AGE: Years 75 Months 3 Days 4 If less than one day hr. min.

9. Birthplace Newburg (City, town, or county) / Tenn. (State or foreign country)

10. Usual occupation House keeper

11. Industry or business Farming

FATHER
12. Name Robert Carter
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Fowler Sitz.
(b) Address Advance Mo. R. 1.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 16, 42 (Month) (Day) (Year)

(c) Place: burial or cremation Nations, Leora, Mo.

18. (a) Signature of funeral director Watkins Funeral Ser.
(b) Address Bloomfield, Mo.

19. (a) 4-24-1942 (Date received local registrar) (b) J. W. Steinmeier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16 year 1942 hour ~~xx~~ 8 minute 10 P.M.

21. I hereby certify that I attended the deceased from 4-14- 1942 to 4-16- 1942 that I last saw he alive on 4-16- 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Endocarditis Duration 4 wks

Due to Followed Attack of Influenza

Due to

Other conditions ✓
(Include pregnancy within 3 months of death) 9 1 b

Major findings:
Of operations no

Of autopsy no

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) 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 S. S. Davis (M. D. or other)

Address Dexter Mo. Date signed 4-16-42

1132 (Licensed Embalmer's Statement on Reverse Side)

Hayd N
Y. & M. Gaines B.

RECEIVED
District Health Office No. 2,
District File Number 542-578
Date Filed 5-12-42

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 B. J. Brentlinger

Licensed Embalmer No. 4261

P. O. Address Dexter, 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.