

Registration District No. 1942/49

Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County... Jackson,  
(b) City or town... Kansas City,  
(c) Name of hospital or institution:  
3308 Benton,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution... X  
In this community... 65 years,  
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State... Missouri (b) County... Jackson,  
(c) City or town... Kansas City,  
(If outside city or town limits, write "RURAL")  
(d) Street No... 3308 Benton,  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country... X

3. (a) PRINT FULL NAME... William Scott Sitlington,  
3. (b) If veteran, name war... no.  
3. (c) Social Security No... NO.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month... November 4th  
year... 1942 hour... 3:00 minute... P. M.

4. Sex... Male  
5. Color or race... White  
6. (a) Single, widowed, married, divorced... Widowed,  
6. (b) Name of husband or wife... Heding Marie Boley,  
6. (c) Age of husband or wife if alive... X years  
7. Birth date of deceased... November 18 1858  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 2, 1942 to Nov 4, 1942  
that I last saw him alive on Nov 4, 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
83 11 16 hr. min.

Immediate cause of death... Pneumo-Pneumonia  
Duration 2 days

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

Due to... 10<sup>1</sup>  
Due to...

10. Usual occupation... Retired,

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

11. Industry or business... Contractor,

Major findings:  
Of operations...  
Of autopsy...  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
12. Name... John Sitlington,  
13. Birthplace... Virginia,  
(City, town, or county) (State or foreign country)  
14. Maiden name... Mary  
15. Birthplace... Scotland,  
(City, town, or county) (State or foreign country)

16. (a) Informant... Paul N. Sitlington,  
(b) Address... 3308 Benton, Kansas City, Mo.

17. (a) Burial (b) Date thereof... 11-7-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation... Memorial Park Cemetery

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...

18. (a) Signature of funeral director... Stine & McClure,  
(b) Address... 3235 Gillham Plaza, K. C., Mo.

19. (a) 11-7-42 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

23. Signature... George H. M... (M. D. or other)  
Address... Kansas City Mo Date signed... Nov 1942

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

30  
12

Dr. Geo. H. Moreland

Proprietary  
DA, 4260

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 *Leon A. Stewart*  
Licensed Embalmer No. *4177*  
P. O. Address *H. C. Me*

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.