

Registration District No. 190278

Primary Registration District No. 4188

37
029

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

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Owensville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Residence 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Martha E. Sitton

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, Divorced Single

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

7. Birth date of deceased Dec. 23 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>1</u>	<u>27</u>	_____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business none

MOTHER FATHER {
 12. Name James Owens Sitton
 18. Birthplace Calloway County Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Susan E. Nibler
 15. Birthplace St. Louis County Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant B. B. Barten

(b) Address Owensville, Mo

17. (a) Burial (b) Date thereof 2-22-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cem. Owensville, Mo

18. (a) Signature of funeral director Jappeneux-Murray

(b) Address Owensville, Mo

19. (a) February 22, 1943 (b) Myrtle M. Wenke
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Gasconade
(c) City or town Owensville
(If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20
year 1943 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from
2-18 1943 to 2-20 1943

that I last saw her alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Left Hemiplegia
due to intracranial
hemorrhage Duration 2 dys.

Due to Hypertension 3 yrs.

Due to Atherosclerosis, Marked 3 yrs.

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None JBO

Of operations None

Of autopsy None

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 Paul A. Berger (M. D. or other) JBO

Address Owensville, Mo Date signed 2-22-43

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 me

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

working under my personal supervision.

Signed Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address Owensville, 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.