

JUL 2 1943

Registration District No. 68

Primary Registration District No. 5266

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Christian
(b) City or town Osark, Mo. Riv.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1 Linby Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution in few months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian
(c) City or town Osark Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Osark
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Albert, Sitta

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased May 21 - 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 11 14 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Martin Sitta
13. Birthplace don't know
(City, town or county) (State or foreign country)
14. Maiden name don't know
15. Birthplace don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mild Little

(b) Address Osark Mo. R.R.

17. (a) Buried (b) Date thereof May 8 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osark Cemetery

18. (a) Signature of funeral director J. B. Chubb

(b) Address Osark Mo.

19. (a) June 2 1943 (b) Mrs Madelon Stine
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1943 hour 7:17 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 1st, 1943, to May 7, 1943
that I last saw him alive on May 7th, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Prostatic trouble with uremia

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 1370

Major findings: Of operations.....

Of autopsy.....

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. H. Madco (M. D. or other).....
Address Osark Mo. Date signed 5-8-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

12 19

RECEIVED

District Health Officer No. 6,

District File Number 643-771

Date Filed JUN 29 1943

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 F. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Clark, 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.