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5-17-43  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED NOV 1 1943 149

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 4473

1. PLACE OF DEATH: Jackson

(a) County: Kansas City

(b) City or town: Kansas City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Loew's Midland Theatre 31228 Main Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 37 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City 3  
(If outside city or town limits, write "RURAL")

(d) Street No.: 6007 East 14th Street 8  
(If rural, give location)

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

If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME: Mrs. Ada Shaw Sitzer

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: October day: 18th  
year: 1943 hour: 5 minute: P. M.

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Mr. Ralph H. Sitzer

6. (c) Age of husband or wife if alive: 61 years

7. Birth date of deceased: April 14 1882  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct. 18 1943 to Oct. 18, 1943  
that I last saw him alive on Oct. 18, 1943 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	61	6	4	hr. min.

Immediate cause of death: acute coronary heart disease

Due to: \_\_\_\_\_

Due to: \_\_\_\_\_

9. Birthplace: Dennison Texas

(City, town, or county) (State or foreign country)

Other conditions: *gla*  
(Include pregnancy within 3 months of death)

Major findings: *None*

Of operations: *None*

Of autopsy: *None*

10. Usual occupation: Housewife

11. Industry or business: ---

MOTHER FATHER { 12. Name: Unknown Shaw

13. Birthplace: Unknown Georgia

(City, town, or county) (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Unknown Canada 2  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant: Mr. Ralph H. Sitzer

(b) Address: 6007 East 14th Street

17. (a) Burial (b) Date thereof: Oct. 21, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Moriah Cemetery

18. (a) Signature of funeral director: *D. H. Newcomer done*

(b) Address: 1401 Brush Creek Blvd.

19. (a) 10-21-43 (b) J. E. Brown  
(Date received local registrar) (Registrar's signature)

23. Signature: *[Signature]* (M. D. or other) *[Signature]*

Address: *[Address]* Date signed: *10/19/43*

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

1440 Professional Bldg  
12-5

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**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

*H. C. Newsum*

Licensed Embalmer No.....

*5048*

P. O. Address.....

*H. C. Newsum*

**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.**