S. No. 2
M—2-43
v. 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 15 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1823

Registration District No. 42 Primary Registration District No. 3007 Registrar's No. 1

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution: ~~Poplar Bluff~~ Lucy Lee
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 72 ~~2~~ days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 10

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

(d) Street No. 1
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME Shirley Ann Sitzes

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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct. (Month) 11 (Day) 1944 (Year)

8. AGE: Years 0 Months 2 Days 15 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Glenn Sitzes
13. Birthplace Gipsy (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Norma Laura Barker
15. Birthplace Stoddard Col (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Glenn Sitzes
(b) Address Dexter, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/44 (Month) (Day) (Year)
(c) Place: burial or cremation Walker Cem.

18. (a) Signature of funeral director Blankenship-Strickland
(b) Address Dexter, Mo.

19. (a) 1-12-45 (Date received local registrar) (b) Bess Finne (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26
year 1944 hour 4 minute 10 p.M.

21. I hereby certify that I attended the deceased from Oct. 14, 1944 to Dec. 26, 1944
that I last saw her alive on Dec. 26, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho-pneumonia	2 da
Due to Premature infant	2 mo.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature S. Kuechert (M. D. or other)

Address Poplar Bluff, Mo. Date signed 1/10/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 245-199
Date Filed 2-7-45

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.....

Licensed Embalmer No.....

P. O. Address.....

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.