

S. No. 2  
DM-2-43  
v. 5-17-39  
X33597

**FILED OCT 16 1946**

Registration District No. 290

Primary Registration District No. 4430

Registrar's No. 84

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

1. PLACE OF DEATH

(a) County Pulaski  
(b) City or town Crocker  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 33 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski  
(c) City or town Crocker, Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Sarah Virginia Stites

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Benjamin E Stites 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Oct. 18 1860  
(Month) (Day) (Year)

8. AGE: Years 85 Months 11 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House Wife

11. Industry or business Home

MOTHER FATHER  
12. Name William Jose  
13. Birthplace England  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Scott  
15. Birthplace England  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nell Willis

(b) Address Crocker, Mo

17. (a) Bural (b) Date thereof 10/6/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethony Cem.

18. (a) Signature of funeral director J. H. Hoops & Sons

(b) Address Crocker, Mo

19. (a) 10-7-46 (b) John B McClinton  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2<sup>nd</sup> year 1946 hour 67 minute 45 P.M.

21. I hereby certify that I attended the deceased from January \_\_\_\_\_, 1942 to Oct 2 \_\_\_\_\_, 1946; that I last saw her alive on Oct 2 \_\_\_\_\_, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Primary Benignome of the Stomach (Leishman)  
Due to \_\_\_\_\_  
Duration 6 mos.  
Due to \_\_\_\_\_

Other conditions pernicious Anemia 15 years  
(Include pregnancy within 5 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy 46 B  
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) (c) Means of injury 21

23. Signature John A. Michalovich (M. D. or other) D.O.  
Address Crocker, Mo Date signed 10-5-46

OCT 14 1947

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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..... *Paul B. Hooper* .....

Licensed Embalmer No..... *3261* .....

P. O. Address..... *Greenville, 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.