

FILED JAN 9 1947

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

Registration District No. 157

Primary Registration District No. 5587

Registrar's No. 273

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)

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

In this community 20 yrs  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 49

(a) State Missouri (b) County Jasper

(c) City or town Jasper  
(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 HARVEY JOSEPHINE STITH

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27  
year 1946 hour 8 minute 25 P.M.

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

21. I hereby certify that I attended the deceased from December 15, 1946, to Dec 27, 1946  
that I last saw him alive on Dec 26, 1946  
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WH 6. (a) Single, married, divorced MARRIED

6. (b) Name of husband or wife WINY S. STITH 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased April 28, 1877  
(Month) (Day) (Year)

Immediate cause of death: Pneumonia, bacterial Duration 10da

8. AGE: Years Months Days If less than one day

69	7	29	—
hr.		min.	

Due to (Sensibility & Debility)

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

9. Birthplace Hardin County Ky  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 10?

Of autopsy \_\_\_\_\_

10. Usual occupation clerk

11. Industry or business Farmers Exchange

12. Name Drury Stith

13. Birthplace Ky  
(City, town, or county) (State or foreign country)

14. Maiden name Isabelle Crume

15. Birthplace Ky  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lily S. Stith

(b) Address Jasper, Mo

17. (a) Burial (b) Date thereof 12-29-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Paradise Cemetery Jasper, Mo

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 0

23. Signature James A. Atkins (M. D. Atkins)  
Address Lamar Date signed 12/27/46

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

39878

900

46-1A-109#5

APR 19 1969

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 E. C. Gibson

Licensed Embalmer No. 4137

P. O. Address 1201 Adair, Kansas, 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.