

FILED MAR 26 1948

Registration District No. 180

Primary Registration District No. 3673

1. PLACE OF DEATH:

(a) County LINCOLN
(b) City or town RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4 MILE WEST OF WINFIELD
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County LINCOLN
(c) City or town RURAL
(If outside city or town limits write "RURAL")
(d) Street No. 4 MILE WEST OF WINFIELD
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 12
year 1948 hour 2 minute 00 A.M.

21. I hereby certify that I attended the deceased from 2-3 1948 to 3-31 1948
that I last saw her alive on 3-31 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: apoplexy
arterial sclerosis

Duration

Due to _____

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

Major findings: _____
Of operations: § 37

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? _____

While at work? _____ (Specify type of place) Means of injury _____

23. Signature P. C. Kumbit (M. D. or other) _____
Address Old Normal MO Date signed 3-14-48

3. (a) PRINT FULL NAME IBBIE JANE SITTON
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 WIDOWED
6. (b) Name of husband or wife LEONARD A. SITTON 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: AUG. 8 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 7 4 _____ hr. _____ min.

9. Birthplace LINCOLN COUNTY MO.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name NATHANIEL DAY
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
14. Maiden name MARY ELSTON
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant RUSSELL SITTON
(b) Address WINFIELD, MO.

17. (a) BURIAL (b) Date thereof 3-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW SALEM CEM.

18. (a) Signature of funeral director Stanley
(b) Address ELSBERRY, MO.

19. (a) 3-14-48 (b) P. C. Kumbit
(Date received local registrar) (Registrar's signature) 113

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

7
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0

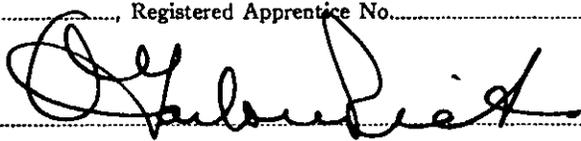
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RECEIVED
District Health Officer No. 9
District File Number
MAR 25 1948
Date Filed

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. 4012

P. O. Address Elsberry, 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, above space should be left blank.