No. 2
4-13-40
-17-39
X23189

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42773

FILED JAN 17 1941

Registration District No. 598 Primary Registration District No. 3019 Registrar's No. 295

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 223 E Elm St. Independence
(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 7 years 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Independence Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 223 E. Elm St Indep Mo
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME James S Sitlington
3. (b) If veteran, name war →
3. (c) Social Security No. 485-03-3720

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Forestine Sitlington
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Jan. (Month) 11 (Day) 1883 (Year)

8. AGE: Years 57 Months 10 Days 18 If less than one day → hr. → min.

9. Birthplace Aullville (City, town, or county) Mo (State or foreign country)
10. Usual occupation Salesman
11. Industry or business (Wholesale Grocery)
FATHER
12. Name R. S. Sitlington
13. Birthplace Greenbrair (City, town, or county) Virginia (State or foreign country)
MOTHER
14. Maiden name Susan M. Handley
15. Birthplace Lafayette County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant James R. Sitlington
(b) Address 114 East Elm St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 1-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Independence
18. (a) Signature of funeral director A. L. Mitchell
(b) Address 310 N Main St Independence Mo
19. (a) Nov 30 40 (Date received local registrar) (b) F. L. Cook M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 29 year 1940 hour 1 30 minute 0 M.
21. I hereby certify that I attended the deceased from May 1940, to 11-29 1940, that I last saw him alive on 11-29 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage — Duration 2 hrs
Due to Arteriosclerosis — years
Due to Hypertension — years
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?
While at work? (Specify type of place) (e) Means of injury
23. Signature (M. D. or other)
Address Independence Mo Date signed 11-30 1940

(Licensed Embalmer's Statement on Reverse Side)

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 wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.