S. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28048

Registration District No. FILED SEP 8 1941

Primary Registration District No. 3011

Registrar's No. 117

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 42 days (Specify whether
In this community unknown 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 027

(c) City or town Boonville 1
(If outside city or town limits, write "RURAL") 2

(d) Street No. 603 Fourth
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME SITES, William L.

3. (b) If veteran, name war World War

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ethel

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased March 28, 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	49	4	17	hr. min.

9. Birthplace Blackwater, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farming.

11. Industry or business Farming.

FATHER
12. Name Thomas Lee Sites
13. Birthplace Cooper County Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Victoria Kinchelo
15. Birthplace unknown Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records
(b) Address V.A.F., Excelsior Springs, Mo.

17. (a) Removal (b) Date thereof 8/15/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Boonville, Missouri

18. (a) Signature of funeral director Claude Prichard
(b) Address CLAUDE PRICHARD, Undertaker, Excelsior Springs, Mo.

19. (a) Aug 15-41 (b) Mrs Rea McCracken
(Date received local registrar) (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14th
year 1941 hour 3:00 minute P. M.

21. I hereby certify that I attended the deceased from July 3, 1941 to August 14, 1941
that I last saw him alive on August 14, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death HYPERTENSIVE Disease of the heart with cardiac enlargement, myocardial fibrosis, myocardial insufficiency, ~~Due to~~ and sinus tachycardia, Class 3.

~~xxxx~~ Contributory: Cerebral hemorrhage with right hemiplegia

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations No operations.

Of autopsy No authpsy.

Duration

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 E.A. WELCH, M.D. (M.D. or other)

Address V.A.F., Excelsior Springs, Mo. Date signed 8/14/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number 9-3-41
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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Excelsior Spgs, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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