

**FILED APR 13 1942**  
677

Registration District No. **6-2-58581 2**

Primary Registration District No.

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
73  
Memphis, Tennessee, 003

1. PLACE OF DEATH:

(a) County **Newton**  
(b) City or town **Hornett Mo**  
(c) Name of hospital or institution **Five Mile Twp. Hurlbut Hosp**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **15 years**  
In this community **15 years**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Newton 073**  
(c) City or town **R.F.D. SENECA MO: 0**  
(If outside city or town limits, write "RURAL") **0**  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **No**

3. (a) PRINT FULL NAME **George C. Sitton.**

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

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, **married**  
6. (b) Name of husband or wife **Gladys Sitton** 6. (c) Age of husband or wife if alive **46** years  
7. Birth date of deceased **Feb. 7, 1891**  
(Month) (Day) (Year)

8. AGE: Years **51** Months **1** Days **22** If less than one day hr. min.

9. Birthplace **Springtown Arkansas.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER { 12. Name **G.A. Sitton**  
13. Birthplace **Atlanta Georgia;**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Laura Sitton**  
15. Birthplace **Springtown Ark;**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Gladys Sitton**  
(b) Address **R.F.D. Seneca Mo;**  
**removal** (b) Date thereof **3-26-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Springtown Arkansas;**

18. (a) Signature of funeral director **Hurlbut Und. Co;**  
(b) Address **Joplin Mo;**

19. (a) **March 24 1942** (b) **Theodore L King**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar. 23** day **1942;**  
year **1-30 P.M.** hour **1-30** minute **3** M.

21. I hereby certify that I attended the deceased from **Mar 23**  
**1942** to **Mar 23** **1942**  
that I last saw him alive on **Mar 23** **1942**  
and that death occurred on the date and hour stated above.  
Immediate cause of death **Lobar pneumonia** Duration

Due to  
Due to

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 **T.B. Suenbler** (M. D. or other)  
Address **Seneca Mo** Date signed **3-24-42**

RECEIVED

District Health Officer No. 6,

District File Number 442-482

Date Filed APR 10 1942

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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

*Berry K. Hurlbut*

Licensed Embalmer No. 959

P. O. Address Goatier 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.