

FILED DEC 14 1943

Registration District No. **3012**

Registrar's No. **367**

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

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 7 mos. 11 days  
(Specify whether  
In this community 7 mos. 11 days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4932 Lotus St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ira J. Hite

3. (b) If veteran, name war World War I  
3. (c) Social Security No. 498-09-7174

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marion R. Hite, wife  
6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased 10-6-1895  
(Month) (Day) (Year)

8. AGE: Years 48 Months 0 Days 28  
If less than one day hr. min.

9. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business ?

MOTHER FATHER

12. Name Ira Hite

13. Birthplace St. Louis (?) Missouri (?)  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Hall

15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records, Veterans Admini

(b) Address tration, Excelsior Springs, Mo.

17. (a) Removal (b) Date thereof 12-3-43  
(Burial, exhumation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Removal to St. Louis, Mo.

18. (a) Signature of funeral director HERBERT HOPE

(b) Address Excelsior Springs, Missouri

19. (a) 12-3-43 (b) Mrs. Sadie Redman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 3  
year 1943 hour 5:55 minute A. M.

21. I hereby certify that I attended the deceased from  
April 22 1943, to December 3 1943;  
that I last saw him alive on December 3 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis, Pulmonary, chronic, unknown far advanced, active

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

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

Other conditions 13 fl  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy NO AUTOPSY

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? \_\_\_\_\_ (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

23. Signature FORREST G. BISSL (M. D. or other) MD

Address Veterans Administration Date signed 12-3-43  
Excelsior Springs, Mo.

RECEIVED

District No. 111

Date Filed

12-13-43

JAN 4 1944

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.....

working under my personal supervision.

Registered Apprentice No.....

Signed.....

Licensed Embalmer No. 3296

P. O. Address. Ex. App. 9th

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.