

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2925

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution: LAKE SIDE HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 WEEKS
(Specify whether)

In this community 21 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town RURAL 48
(If outside city or town limits, write "RURAL") 0

(d) Street No. P.R.#1 GRANDVIEW 0
(If rural, give location)

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

If yes, name country ---

3. (a) PRINT FULL NAME MRS. LENNA MAY SITLINGTON

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife MR. FRANK G. SITLINGTON

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased JULY-19-1894
(Month) (Day) (Year)

8. AGE: Years 49 Months 11 Days 23 hr. 22 min.

9. Birthplace GREENWOOD NEBRASKA
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name ROBERT MCDONALD

13. Birthplace BURKE NEW YORK
(City, town, or county) (State or foreign country)

14. Maiden name DORA WHITE

15. Birthplace DELLA IOWA
(City, town, or county) (State or foreign country)

16. (a) Sitlington
(b) Address RT-1-2nd Ave

17. (a) BURIAL (b) Date thereof JULY-14-1944
(Burial, cremation, or removal) (City or town) (County) (State)

(c) Place: burial or cremation WOODLAWN CEMETERY INDEPENDENCE MISSOURI

18. (a) Signature of funeral director W. H. Newcomer's Sons

(b) Address 1401-BRUSH CREEK BLVD

19. (a) 7-14-44 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 11TH
year 1944 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from 19 to 19 ;
that I last saw him Beauty Coroner ;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration

Due to Multiple Fractures 4

Due to Auto Trauma 170 C 2

Other conditions (2 car collision)

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy See above

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) accident 123

(b) Date of occurrence June 15, 1944

(c) Where did injury occur? Kansas City MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? NO (Specify type of place)

(c) Means of injury Trauma

23. Signature A. E. Washer (M. D. or other) MO
128 Mcloy Date signed 7/12/44

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

83768

361

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..... *H C Newcomer Jr*.....

Licensed Embalmer No..... *4043*.....

P. O. Address..... *K C 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.