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FILED FEB 6 1945
Registration District No. 199

Primary Registration District No. 1002

State File No. _____

Registrar's No. 350

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: Osteopathic Hosp. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

In this community 2 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 4

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1101 E-1121 8
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 11

3. (a) PRINT FULL NAME William Henry Stites

3. (b) If veteran, name war no

3. (c) Social Security No. 686-03-2499

4. Sex m 5. Color or race w

6. (a) Single, widowed, married, divorced 3 divorced

6. (b) Name of husband or wife Bertha Stites

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

7. Birth date of deceased: Mar 19 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

67 10 2 hr. _____ min.

9. Birthplace: Allen Co Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation: With Benion

11. Industry or business: mg co

12. Name: Sylvester Stites

13. Birthplace: Ind
(City, town, or county) (State or foreign country)

14. Maiden name: Hannah Golden

15. Birthplace: Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant: Gerald W Stites

(b) Address: Springfield mo

17. (a) burial (b) Date thereof: Jan 21 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Lebanon mo

18. (a) Signature of funeral director: Mark L Yost

(b) Address: 448 Brookline

19. (a) 1-22-45 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21
year 1945 hour 4 minute 50 M.

21. I hereby certify that I attended the deceased from October 1
1944 to Jan 21 1945
that I last saw him alive on Jan 21 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia
Branches Pneumonia Left
with Wound Hypostatic
Due to: Arteriosclerosis
Due to: Arteriosclerosis
Other conditions: Hard sclerotic Prostate
(Include pregnancy within 3 months of death)

Major findings: Chronic myocarditis
Of operations: _____
Of autopsy: as above

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: Arthur C. Kna (M. D. or other)
Address: 1321 R. 11 B Date signed: Jan 22 1945

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

MOTHER FATHER

*Rec'd 12/29
In 8081 - office
In 8132 Rec'd*

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.....

C. H. Neuse

Licensed Embalmer No.

2570

P. O. Address.....

Mo 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.