

**FILED** OCT 24 1945

Registration District No. 33

Primary Registration District No. 3010

Registrar's No. 320

1. PLACE OF DEATH:

(a) County CAPR-GIARDEAU  
(b) City or town CAPR-GIARDEAU  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
S.E. MO. HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 18 days  
(Specify whether  
In this community 18 days  
years, months or days)

3. (a) PRINT FULL NAME JAMES MONROE-SITZE

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

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

6. (b) Name of husband or wife Mildred McPherson 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased March 30 1873  
(Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 5 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Bollinger MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Teaching

11. Industry or business \_\_\_\_\_

12. Name Andrew Sitzel

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

14. Maiden name Bannah Luter

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

16. (a) Informant Mrs. Mildred Sitzel

(b) Address Jackson MO

17. (a) Buried (b) Date thereof 10-7-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Wilson H. Lebaugh

(b) Address Jackson MO

19. (a) 10-9-45 (b) F. W. Philp  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Capr Gir 16  
(c) City or town Jackson  
(If outside city or town limits, write "RURAL")  
(d) Street No. 405 Russell  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 6  
year 1945 hour 8:20 minute \_\_\_\_\_ A-M.

21. I hereby certify that I attended the deceased from Sept 18  
1945 to Oct 4 1945  
that I last saw him alive on Oct 4 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Acute Coronary Thrombosis with myocardium

Due to Following long standing coronary artery disease

Other conditions Chronic myocarditis  
(Include pregnancy within 3 months of death)  
Arteriosclerosis

Major findings:  
Of operations ✓  
Of 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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? ✓ (e) Means of injury \_\_\_\_\_

23. Signature Alberon Ester (M-D. or other) MD  
Address Jackson, MO Date signed 10-6-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

District Health Officer No. 4  
District File Number 1045-1225  
Date Filed 10-23-45

**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 Glenn Wilson

Licensed Embalmer No. 2828

P. O. Address Jackson 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.**