

S. No. 2
-12-45
5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 4 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5939**
Registrar's No. **57**

Registration District No. **316** Primary Registration District No. **6075**

1. PLACE OF DEATH:
(a) County **St. Francois**
(b) City or town **Farmington RURAL St. Francois**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Hospital No. 4 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **23 yrs. 6 mos. 2** days.
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Washington 94**
(c) City or town **Irondale 0**
(If outside city or town limits, write "RURAL")
(d) Street No. **Unknown 0**
(If rural, give location)
(e) Citizen of foreign country? **No 0** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **NOVAH ESTELLE SITTON**
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 **Single 0**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **December 20, 1890**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day -
56 1 15 hr. min.

9. Birthplace **Oregon County, Missouri 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business _____

MOTHER FATHER
12. Name **J. N. Sitton 0**
13. Birthplace **Palmer, Missouri 0**
(City, town, or county) (State or foreign country)
14. Maiden name **Ada Russell**
15. Birthplace **Plattville, Wisconsin**
(City, town, or county) (State or foreign country)

16. (a) Informant **Records State Hospital No. 4**
(b) Address **Farmington, Missouri**

17. (a) **Burial** (b) Date thereof **2-7-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Masonic Cem., Bismarck, Mo.**

18. (a) Signature of funeral director **Boyer Funeral Home**
Leadwood, Missouri
(b) Address _____

19. (a) **2-25-47** (b) **Ether Redloff**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **5,** year **1947** hour **7** minute **30** A. M.

21. I hereby certify that I attended the deceased from **April 1, 1925** to **February 5, 1947,** that I last saw h. or alive on **February 5, 1947** and that death occurred on the date and hour stated above.

Immediate cause of death **Stroke Epilepticus** Duration **1 hr.**
Due to _____
Due to _____
Other conditions **Epilepsy & delirium 25 yrs.**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy **No autopsy. 0**

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 **James P. Lock** (M.D. or other) _____
Address **Farmington - 7120** Date signed **2/5/47**

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

RECEIVED

Health Officer No. 4
District File Number 347-301
Date Filed 3-3-47

STATE OF ILLINOIS

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 *Bert L. Boyer*

Licensed Embalmer No. *3445*

P. O. Address *Leadwood 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.