

Registration District No. **87** Primary Registration District No. **5324**

1. PLACE OF DEATH:
(a) County **Crawford**
(b) City or town **P. R. # Bourbon, Mo.**
(c) Name of hospital or institution: **At Home**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **Wife**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Crawford**
(c) City or town **P. R. # 2, Bourbon, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **CLARA EMALINE SITES**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb** day **2**
year **1947** hour **11** minute **P.** M.
21. I hereby certify that I attended the deceased from **January 28th**, 19**47**, to **February 2**, 19**47**.
that I last saw her alive on **February 2nd**, 19**47**.
and that death occurred on the date and hour stated above.

4. Sex **FEMALE** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Wm S.** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: **JAN 90 1867**
(Month) (Day) (Year)

Immediate cause of death
Cerebral Hemorrhage
Due to **High Blood Pressure**
Due to _____
Other conditions (include pregnancy within 3 months of death)
Major findings: **g3^A**
Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
80 0 11 hr. min.

9. Birthplace **Sullivan Mo.**
(City, town, or county) (State or foreign country)
10. Usual occupation **Housewife**
11. Industry or business **Home**

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name **Allen**
13. Birthplace **Mo. 9**
(City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth Blanton**
15. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)
16. (a) Informant **Thomas Sika**
(b) Address **P. R. # 2, Bourbon, Mo.**
17. (a) **Burial** (b) Date thereof **Feb 4 - 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **New Hope Cemetery**
18. (a) Signature of funeral director **Shanklin Funeral Home**
(b) Address **Bourbon, Mo.**
19. (a) **2/4/47** (b) **Belong**
(Date received local registrar) (Registrar's signature)

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) _____ (e) Means of injury **2**
23. Signature **Ronald H. Keith** (M.D. or other) **g.p.**
Address **Bourbon, Mo.** Date signed **2/3/47**

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

89

75

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. 3472

..... P. O. Address Putra, 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.