

S. No. 2  
M-5-43  
7-5-17-39  
I X36671

FILED MAY 29 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2268

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

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: Research Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 30 days (Specify whether years, months or days)  
In this community 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6414 Montgall  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Blanche A. 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 widow

6. (b) Name of husband or wife Thomas Frank Sitton 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased February 2, 1878  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>3</u>	<u>19</u>	hr. min.

9. Birthplace Osceola Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

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

12. Name Joseph F. Johnson

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

14. Maiden name Jane Rinnetoe  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Selma J. Phillips

(b) Address 6414 Montgall Ave.

17. (a) burial (b) Date thereof 5-23-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

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

(b) Address 1401 Brush Creek Blvd.

19. (a) 5-23-47 (b) Sheraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21  
year 1947 hour 12 minute 20 P.M.

21. I hereby certify that I attended the deceased from April 18, 1947, to 5-21, 1947, that I last saw her alive on May 21, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death hypostatic pneumonia

Due to hepatic cirrhosis

Due to choledocholithiasis

Other conditions 126  
(Include pregnancy within 3 months of death)

Major findings: cirrhosis liver  
Of operations choledocholithiasis  
Of autopsy same and pancreatitis

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 J. G. Montgall, M.D.

Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**

10. Usual occupation AT HOME  
(City, town, or county) (State or foreign country)

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

MOTHER { 12. Name JOSEPH F. JOHNSON

FATHER { 13. Birthplace UNKNOWN KENTUCKY  
(City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name JANE RIPPELOE

FATHER { 15. Birthplace OSCEOLA MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. SELMA J. PHILLIPS

(b) Address 6414 MONTGALL AVENUE

17. (a) BURIAL (b) Date thereof MAY-23-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. MORIAH CEMETERY

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

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 5-23-47 (b) Gradine Holmes  
(Date received local registrar) (Registrar's signature)

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Widened liver  
Of operations: Cholelithiasis  
Some + Pancreatitis

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) \_\_\_\_\_

(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) (c) Means of injury \_\_\_\_\_

23. Signature J. G. Montgomery (M. D. or other) \_\_\_\_\_  
Address 1332 Prof. Bldg. Date signed 5-22-

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 Bernard J. Horan

Licensed Embalmer No. 4250

P. O. Address HC 745

**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.