

FILED JUL 8 1947
162

Registration District No. **162**

Primary Registration District No. **5595**

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

1. PLACE OF DEATH:

(a) County **JEFFERSON**

(b) City or town **RURAL** **Rock**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
ROCK TOWNSHIP
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **JEFFERSON** **50**

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

(d) Street No. **NEAR BARNHART**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **FRANK E. STITES**

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

4. Sex **MALE** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **ALMA STITES** 6. (c) Age of husband or wife if alive **72** years

7. Birth date of deceased **JULY** **1870**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	11	24	hr. _____ min. _____

9. Birthplace **BUTLER CO.** **OHIO**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business **FARMER**

12. Name **JOHN M. STITES**

13. Birthplace **BUTLER CO** **OHIO**
(City, town, or county) (State or foreign country)

14. Maiden name **ANNIE MORNELAND**

15. Birthplace **BUTLER CO** **OHIO**
(City, town, or county) (State or foreign country)

16. (a) Informant **ALMA STITES**

(b) Address **BARNHART**

17. (a) **BURIAL** (b) Date thereof **JUNE 29 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **PARK LAWN CEMETERY**

18. (a) Signature of funeral director **HELIOTAE FUNERAL HOME**

(b) Address **KIMMSWICK MO P.R. 2.**

19. (a) **6-29-47** (b) **Phil G. Kirk**
(Date received local registrar) (Registrar's signature) **115**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **27**
year **1947** hour **5** minute **A. M.**

21. I hereby certify that I attended the deceased from **4/25/46**, 19____ to **6/27/47**, 19____
that I last saw him alive on **6/26**, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma - head of Cervix**

Due to **metastasis** **14 mo**

Due to **Bowel obstruction** **2 mo**

Other conditions **None**

Major findings: Of operations **as above** **H&E**

Of autopsy **None**

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 **Phil G. Kirk** (M. D. or other) **MO**
Address **Merufulcum, Mo** Date signed **6/28/47**

Duration

14 mo

2 mo

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 5,
District File Number
Date Filed 7-7-47

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 *Elmer Heiligtag*.....

Licensed Embalmer No..... *3571*.....

P. O. Address *Kimmisick 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.