

National Office of Vital Statistics

FILED DEC 8 1947

Registration District No. **12**

Primary Registration District No. **1000**

Registrar's No. **1412**

1. PLACE OF DEATH:

(a) County **Buchanan**
 (b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Joseph's Hospital **0**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **4 months**
(Specify whether years, months or days)
 In this community **32 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan** **11**
 (c) City or town **St. Joseph**
(If outside city or town limits, write "RURAL") **1**
 (d) Street No. **1611 N. 10th Street**
(If rural, give location) **7**
 (e) Citizen of foreign country? **No.** **10**
(Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Luther Martin Stitt**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **712-01-9777**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **28th**
 year **1947** hour **1** minute **15 P.M.**

21. I hereby certify that I attended the deceased from **Aug 13** 19**47**, to **Nov. 28** 19**47**
 that I last saw him alive on **Nov 28** 19**47**
 and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Fern Stitt** 6. (c) Age of husband or wife if alive **57** years
 7. Birth date of deceased **October 11 1889**
(Month) (Day) (Year)

Immediate cause of death **Carcinoma of Prostate**
Carcinoma totum **Aug 1947**
 Duration **?**

8. AGE:	Years	Months	Days	If less than one day
	58	1	17	hr. min.

Due to **51B**
 Other conditions (Include pregnancy within 3 months of death) **51B**

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

10. Usual occupation **Passenger brakeman**
 11. Industry or business **Union Pacific Railroad**

Major findings: **as above**
 Of operations.....
 Of autopsy.....
 Underline the cause of which death should be charged statistically.

12. Name **William S. Stitt**
 13. Birthplace **Fayette Penn.**
(City, town, or county) (State or foreign country)
 14. Maiden name **Alice M. Smith**
 15. Birthplace **Fayette Penn.**
(City, town, or county) (State or foreign country)

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 **0**
 23. Signature **S. E. Jensen** (M. D. or other) **M.D.**
 Address **St. Joseph Mo.** Date signed **11-29-47**

16. (a) Informant **Mrs. Fern Stitt**
 (b) Address **1611 N. 10th St. St. Joseph, Mo.**
 17. (a) **Burial** (b) Date thereof **Dec. 1, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Ashland Cemetery**

18. (a) Signature of funeral director **Walter Meierhoffer**
 (b) Address **1946 Colhoun St. St. Joseph Mo.**
 19. (a) **12-4-47** (b) **L. B. Jenkins**
(Date received local registrar) (Registrar's signature)

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

2
47
39

DEC 8 1947

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.....

Albert R. Harrington

Licensed Embalmer No..... 3258 Missouri.....

P. O. Address..... St. Joseph, 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.