S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

7933

State File No.

FILED APR 12 1948

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 403

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: Missouri Methodist Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 days In this community: 2 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No.: 104½ So. 3rd St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: COLLEEN STITT
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: divorced
6. (b) Name of husband or wife: Dugen Stitt
6. (c) Age of husband or wife if alive: 35 years
7. Birth date of deceased: August (Month) 8, (Day) 1918 (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	29	7	27	hr. min.

9. Birthplace: Gentry Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Home

MOTHER FATHER

12. Name: Charles Kairker
13. Birthplace: Gentry County, (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Leota Giles
15. Birthplace: Gentry County, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Dale Kairker (Pattonsburg)
(b) Address: Pattonsburg, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/8/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Ashland Cemetery
18. (a) Signature of funeral director: John E. Kemper
(b) Address: 6054 Prior Ave., City
19. (a) 4-8-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5, year 1948 hour 2 minute :45 A. M.

21. I hereby certify that I attended the deceased from April 3, 1948 to April 5, 1948 that I last saw her alive on April 4, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial Pneumonia	5 days
Myasthenia gravis	5 mos.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: Owen W. Strang (M. D. or other)
Address: The Tootle Bldg. St. Joseph, Mo. Date signed 6 Apr 48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

AUG 6 1951

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.....John E. Rupp.....

Licensed Embalmer No. 3986

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.