S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 22 1948

Registration District No. McClure 3

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15136

Primary Registration District No. 3074

Registrar's No. 42

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

1. PLACE OF DEATH:
(a) County: Scott
(b) City or town: Sikeston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 523 Lake St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 45 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Scott
(c) City or town: Sikeston
(If outside city or town limits, write "RURAL")
(d) Street No.: 523 Lake St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Wade H. SItzes
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of ~~husband or~~ wife: Niva E. Sitzes
6. (c) Age of husband or wife if alive: 66 years
7. Birth date of deceased: 5 (Month) 27 (Day) 1873 (Year)

8. AGE: Years 74 | Months 9 | Days 20 | If less than one day ..... hr. ..... min.

9. Birthplace: Bessville (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Farming
11. Industry or business .....
FATHER
12. Name: Edward Sitzes
13. Birthplace: Bessville, Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Frances Ann Sanders
15. Birthplace: Bessville, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Vernita Ellis
(b) Address: St. Louis, Mo. 6148 Gambleton
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/28/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Sikeston, Mo.
18. (a) Signature of funeral director: H. W. Albrittnn
(b) Address: Sikeston, Mo.
19. (a) 4-14-48 (Date received local registrar) (b) Mrs F F Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 25 year 1948 hour 6 minute ..... P.M.
21. I hereby certify that I attended the deceased from ....., 19....., to 2-25, 1948, that I last saw ~~him~~ her alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr. Cardiac Valvular disease	24 yrs.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Pneumonia Lung	1 yr
Major findings: Of operations: 4/10/51 r gall bladder	
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: Thomas C. McClure M.D. (M.D. or other)
Address: Sikeston Mo Date signed: 3/2/48

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

RECEIVED
District Health Office No. 2,
District File Number 448-518
Date Filed 4-19-48

DEC 4 1957

2-22

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 John Allretton

Licensed Embalmer No. 2941

P. O. Address Sikeston 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.