

No. 2
8-43
7-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 24 1948
F. Sugarbaker
Registration District No. 77

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25798

State File No. _____

Primary Registration District No. 3016

Registrar's No. 190

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks
(Specify whether
In this community 3 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole/Pettis
(c) City or town Sedalia, Missouri
(If outside city or town limits, write "RURAL") 80
(d) Street No. 900 East 14th. Street 6
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 4
If yes, name country. _____ 1

3. (a) PRINT FULL NAME Oscar Sitlington Siron

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna R Sitlington 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased May 1 1871
(Month) (Day) (Year)

8. AGE: Years 77 Months 3 Days 14 If less than one day hr. min.

9. Birthplace McDowell, Va (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name William R. Siron

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Lon R. Slaton

(b) Address 3236 Park (3) Kansas City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug-17-1948 (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia, Missouri

18. (a) Signature of funeral director Fuller Funeral Home

(b) Address Sedalia, Missouri

19. (a) 8-15-48 (Data received local Registrar) (b) R. O. Harrison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15 year 1948 hour 9 minute 05 A. M.
21. I hereby certify that I attended the deceased from 2-23-48 to 8-15-1948
that I last saw him alive on Aug 15, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Gastric hemorrhage
Due to Acute multiple gastric ulcers
Due to Post operative carcinoma of rectum
Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Rectal carcinoma
Of operations _____
Of autopsy Multiple gastric ulcers

Duration _____
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?

23. Signature W. P. Sugarbaker M. P. other _____
Address Jefferson City, Mo. Date signed 8/17/48

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9
District File Number
Date Filed AUG 23 1948

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 *G. N. Hansen*

Licensed Embalmer No. *4579*

P. O. Address *Jefferson City, 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.