N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D OCT 15 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

31297
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson — Registration District No. 399
(b) Township Kaw — Primary Registration District No. 1002 — Registered No. 3594
(c) City Kansas City — (d) Street No. 3419 Prospect St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Beulah L. Pittman
(a) Residence, No. 3737 Brooklyn St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lee C. Pittman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): September 2, 1895
7. AGE: YEARS 43 — MONTHS 0 — DAYS 9 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.: Hous wife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri 0

FATHER
13. NAME: Robert L. Moreland 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri 0

MOTHER
15. MAIDEN NAME: Cora May Dorser
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Mrs. C. V. Bissell, 3419 Prospect, Kansas Cy., Mo.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Plattsburg, Mo. DATE: 9/12 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Stine & McClure, Kansas City, Missouri
20. FILED: Sept 13, 1938 M. M. Crowe, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): September 11, 1938
22. I HEREBY CERTIFY, That I attended deceased from August 25 1938, to Sept 11th, 1938
I last saw her alive on Sept 11th, 1938. Death is said to have occurred on the date stated above, at 11:30 A.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of the uterus - metastatic to bowels + liver

Date of onset

Other contributory causes of importance:

Name of operation: None — Date of —
What test confirmed diagnosis? Biopsy — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Not — Date of injury —, 19—
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: None
Nature of injury: None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify —
(Signed) E. P. Monahan, M. D.
(Address) 311 Argyle Kc Mo

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.