

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 295

1. PLACE OF DEATH:

- (a) County Jackson
- (b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution:
Independence Sanitarium
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days3. (a) PRINT FULL NAME Madeline F. Pitt 30193. (b) If veteran, name war 3. (c) Social Security No. 30194. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 26 1939
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
0 0 0 0 hr. 0 min.9. Birthplace Independence Missouri
(City, town, or county) (State or foreign country)10. Usual occupation None11. Industry or business X12. Name Francis Leo Pitt13. Birthplace Sinclair Missouri
(City, town, or county) (State or foreign country)14. Maiden name Madge Harraud15. Birthplace Nauvoo City Mo.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Francis L. Pitt(b) Address Independence, Mo.17. (a) Burial (b) Date thereof 9-27-39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mt. Moriah Cem18. (a) Signature of funeral director Geo. Carson(b) Address Independence, Mo.19. (a) 9-27-39 (b) F. L. Cook
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Jackson
- (c) City or town Jackson City
(If outside city or town limits, write "RURAL")
- (d) Street No. 225 No. Cedar Street
(If rural, give location)
- (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26
year 1939 hour 1:30 minute pm. M.21. I hereby certify that I attended the deceased from
May, 1939, to 9/26, 1939;that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.Immediate cause of death _____
Interruption Cord Tensionbefore labor.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: Cord tension
Of operations Y prurine

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Dr. Wm. M. D. (M. D. or other)Address 10307 Indyp at Date signed 9/26/39

2008

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 complete the above constitutes grounds for revocation of license.)

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

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED / 1 RECORDED BY LAW.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

32536 Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 38 (b) Township Independence Primary Registration District No. 2019 (c) Street No. Registered No. 295 (d) 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

(a) Residence No. 7 Pitt St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS 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. 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)

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 11/8 1939 F. L. Cook Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-26-39

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said

to have occurred on the date stated above, at m. The principal cause of death and related causes of importance were as follows:

Still birth Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 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

Nature of injury

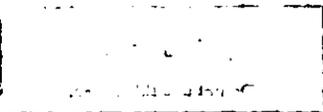
24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. S. Bellinger M. D.

(Address) Independence Mo.

SUPPLEMENTARY



UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

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