

FILED FEB 16 1940

Registration District No. 7

Primary Registration District No. 3001

Registrar's No. 7

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 810 South Florence St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community 25 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME William D. Pitts

8. (b) If veteran, name war. _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Georgia Mal Pitts 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased 7 (Month) 23 (Day) 1882 (Year)

8. AGE: Years 57 Months 5 Days 17 If less than one day hr. _____ min. _____

9. Birthplace Knox City (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Pitts 1

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

14. Maiden name Mary Ann Meyer

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

16. (a) Informant Georgia Mal Pitts

(b) Address 810 S. Florence

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 (Month) 14 (Day) 1940 (Year)

(c) Place: burial or cremation Highland Park

18. (a) Signature of funeral director Der Riley

(b) Address Kirksville Mo
19. (a) 1-13-40 (Data received local registrar) (b) Spencer L. Freeman (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Adair
(c) City or town Kirksville
(If outside city or town limits, write "RURAL")
(d) Street No. 810 South Florence
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10 year 1940 hour _____ minute 5:30 P.M.

21. I hereby certify that I attended the deceased from Jan 10 1940 to Jan 10, 1940 19 _____

that I last saw him alive on Jan 10 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure with terminal pneumonia

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

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) _____ Means of injury _____

23. Signature A. R. Fuller (M. D. or other) MD

Address Kirksville Mo Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number ² 40-422

Date Filed FEB 13 1940

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Laura Riley

Licensed Embalmer No. 3907

P. O. Address Kippsville Ms

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, above space should be left blank.