

MISSOURI FEB 6

Registration District No. 316 6

Primary Registration District No. 4191

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Ark Grove Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
In this community Several years (Specify whether years, months or days) 25

3. (a) PRINT FULL NAME Nettie R. Pitman

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife W S Pitman 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August - 19 - 1864
(Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days yr If less than one day hr. _____ min.

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

10. Usual occupation housekeeper

11. Industry or business _____

12. Name George Bezoni

18. Birthplace Mo
(City, town, or county) (State or foreign country)

14. Maiden name Rosella Carter

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

16. (a) Informant Myrtle Carter
(b) Address Ark Grove Missouri

17. (a) Burial (b) Date thereof Jan - 12 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ark Grove Cemetery

18. (a) Signature of funeral director Orin J. Jones
(b) Address Ark Grove Missouri

19. (a) Jan 12 1940 (b) Mr. Marshall Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day January
year 1940 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 9 - 1940
_____ 19____, to Jan 11 _____, 1940;
that I last saw her alive on Jan 10 _____, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Exarction Duration _____

Due to Acute attack of Chronic Asthma 3 days

Due to Chronic Asthma 20 yrs

Other conditions (include pregnancy within 3 months of death) 92 W

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? _____

23. Signature 288 Walter R. Dr (M. D. or other) Dr
Address Ark Grove Date signed 1/12/40
While at work (Specify type of place) (e) Means of injury _____

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

39
1
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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

George B. ...

Licensed Embalmer No. *7664*

P. O. Address *Walnut Grove*

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.