

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town North Noster Mo
(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 _____
In this community 20 years
years, months or days (Specify whether _____)

3. (a) PRINT FULL NAME John Pittenger

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 Emmalie 6. (c) Age of husband or wife if _____

7. Birth date of deceased: April 30 1867
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Monroe Co Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name unknown 9
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant James Pittenger

(b) Address Mont Serratt Mo

17. (a) Burial (b) Date thereof Feb 25 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation North Noster Mo

18. (a) Signature of funeral director C. L. Sauls

(b) Address North Noster Mo

19. (a) Feb 27 40 (b) J. A. Koch 3801
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Johnson
(c) City or town North Noster Rural
(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 Feb day 23
year 1940 hour 8:00 minute 16.9 M.

21. I hereby certify that I attended the deceased from Feb 23 1940 to Feb 23 1940
that I last saw him alive on Feb 23 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion

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)
(e) Means of injury _____

23. Signature H. W. Thayer (M. D. or other) MD

Address North Noster Mo Date signed Feb 27

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

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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.....

Dudley R. Saults

Registered Apprentice No. *249*

working under my personal supervision.

Signed.....

C. L. Saults

Licensed Embalmer No. *1086*

P. O. Address *Knob Noster M*

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.