

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9997
Registrar's No. 65

FILED APR 18 1929
Registration District No. 4

Primary Registration District No. 3001

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirkville Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Laughlin Hospital
(If not hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Weeks (Specify whether
In this community years, months or days) 2

3. (a) PRINT FULL NAME Lizzie Jeressa Pettit
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William Pettit 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 31 1871
(Month) (Day) (Year)

8. AGE: Years 68 Months 0 Days 17 If less than one day hr. min.

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

10. Usual occupation Homemaker

11. Industry or business

MOTHER FATHER
12. Name George Smith Whitaker
13. Birthplace Fairfield Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Ariston Mary Allison
15. Birthplace Poughkeepsie N.Y.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. L. Ray Brinkwell
(b) Address 1009 Main St. Fayette Mo.

17. (a) Funeral (b) Date thereof Nov 18 1928
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Knox City Mo.

18. (a) Signature of funeral director Seeger & Walter, Knoxville Mo.
(b) Address _____
19. (a) 4-5-40 (b) Spencer L. McEnaney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis
(c) City or town La Belle, 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 19 year 1929 hour _____ minute 1:30 A. M.

21. I hereby certify that I attended the deceased from Oct 26, 1928, to Nov 17, 1928;
that I last saw her alive on Nov 16, 1928;
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes + nephritis Duration ?

Due to _____
Due to 54

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

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

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)
(a) Means of injury _____
23. Signature E. H. Laughlin (M. D. or other) DO
Address Kirkville, Mo. Date signed _____

91

RECEIVED

District Health Officer No. 10

District File Number 4-40-861

Date Filed APR 16 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.....

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

Signed Fred Webster

Licensed Embalmer No. 684

P. O. Address Knox City, Mo

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.