

No. 2
11-7-39
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State File No. _____

JUN 14 1940
Registration District No. 439

Primary Registration District No. 5-5-96

Registrar's No. 35

2

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

1. PLACE OF DEATH:

(a) County Knox
(b) City or town Greensburg rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Life _____ (Specify whether _____)
years, months or days

8. (a) PRINT FULL NAME Clifford Henry Pettit 330

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

4. Sex M 5. Color or race W 6. (e) Single, widowed, married, divorced Single

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

7. Birth date of deceased June 9 1890
(Month) (Day) (Year)

8. AGE: Years 49 Months II Days IO If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Pettit

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

14. Maiden name Lydia Hathaway

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

16. (a) Informant Nell Pettit-Walker

(b) Address Baring, Missouri

17. (a) burial (b) Date thereof 5. 22. 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greensburg, Mo.

18. (a) Signature of funeral director Keith Hudson
(b) Address Edina Mo.

19. (a) May 21 1940 (b) Mr. C. M. Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox
(c) City or town Greensburg (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 May day 19
year 1940 hour 6 minute 35 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Suicide

Due to By his own hand, shooting his self with

Due to a 2 1/2 caliber pistol in left ventricle of the

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

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? 395

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

23. Signature Keith Hudson (M. D. or other) _____

Address Edina Mo Date signed 5-25-40

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RECEIVED

District Health Officer No. 10

District File Number 62-40-1193

Date Filed JUN 11, 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 Ned Hudson

Licensed Embalmer No. 2415

P. O. Address Edina 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 18819

Registration District No. 439

Primary Registration District No. 5396

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Knox State Tenn
(b) City Greenburg (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) City or town _____ (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.

3. (a) PRINT FULL NAME Clifford Henry Pettit

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s

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

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

8. AGE: Years 49 Months 11 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____ that I last saw him alive on _____ 19 _____ and that death occurred on the date and hour stated above.

Immediate cause of death suicide

By his own hand shooting himself with a .22 caliber pistol in left ventricle of the heart

Other conditions: (include pregnancy within 3 months of death) 167

Major findings: Of operations _____

Of autopsy No autopsy

Duration
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) suicide

(b) Date of occurrence May - 19 - 1940

(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? Home on farm

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

23. Signature Keith Hudson Coroner (M. D. or other)

Address Edina Tenn Date signed _____

SUPPLEMENTARY

S-18819