

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

1 X1951

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28587

State File No. _____

Registration District No. 328

Primary Registration District No. 3017

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Grundy

(b) City or town TRENTON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1609-East 9th St. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 29 years
years, months or days

3. (a) PRINT FULL NAME Arlando R. Pettigrew

3. (b) If veteran, name war World War

3. (c) Social Security No. 207-16-8157

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Jeanette

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased April 15, 1891
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>49</u>	<u>4</u>	<u>20</u>	hr. min.

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

10. Usual occupation CONDUCTOR

11. Industry or business RAILROAD

MOTHER FATHER

12. Name JAMES R. PETTIGREW

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

14. Maiden name CATHERINE CLEMENTS

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

16. (a) Informant's own signature Mrs. M. J. Herring

(b) Address Trenton, Mo.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof Oct. 8, 1940
(Month) (Day) (Year)

(c) Place: burial or cremation North Grove, Trenton, Mo.

18. (a) Signature of funeral director Raymond A. Davis

(b) Address Trenton, Mo. 354

19. (a) 9-7-40
(Date received local registrar)

(b) Arlando R. Pettigrew
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Grundy

(c) City or town R.F.D. #2, TRENTON, MO
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. #2
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 5th
year 1940 hour 9:05 minute P M.

21. I hereby certify that I attended the deceased from Aug 1
1940 to Sept 5, 1940
that I last saw him alive on Sept 5, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of testis probably primary

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) H-10

Duration 3
months

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)

(e) Means of injury _____

23. Signature A. J. Haines (M. D. or other) _____

Address Trenton Mo Date signed 9/7/40

OCT 18 1957

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

Robert B. Lewis

Registered Apprentice No. *212*

working under my personal supervision.

Signed

Raymond A. Davis

Licensed Embalmer No. *3424*

P. O. Address *Trenton, N.J.*

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.