

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39556

State File No.

Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 238

1. PLACE OF DEATH
(a) County Randolph
(b) City or town Moberly Mo
(c) Name of hospital or institution:
McKinsey St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community years, months or days) 2

3. (a) PRINT FULL NAME Herbert George Pettigrew
3. (b) If veteran, name war. ✓ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race col 6. (a) Single, widowed, married, divorced -
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive years _____
7. Birth date of deceased Nov. 7 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Obie Pettigrew

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

14. Maiden name Maggie Hughes

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

16. (a) Informant's own signature Maggie Hughes

(b) Address 115 E. McKinsey St.

17. (a) burial (b) Date thereof Nov 19-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Ed. Case

(b) Address Moberly Mo.

19. (a) Nov-19-40 (b) Ed. Case
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. McKinsey St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18
year 1940 hour 1:30 minute 0 M.

21. I hereby certify that I attended the deceased from _____, 19____, to none, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Premature Infant
died without medication
of natural cause
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 154

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? ✓

(e) Means of injury _____

While at work? ✓ (Specify type of place) _____

23. Signature H. C. Griffiths (M. D. or other) Coroner

Address Moberly Mo Date signed 11/18/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.

DEC 20 1940

RECEIVED

District Health Officer No. 10

District File Number 12-40-2360

Date Filed DEC 17 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 Robert L. Carr

Licensed Embalmer No. 3190

P. O. Address Moberly 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.