

JAN 25 1941

Registration District No. 398

Primary Registration District No. 5554

Registrar's No. 328

48

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
1129 So Logan
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Rural Independence
(If outside city or town limits, write "RURAL")

(d) Street No. 1129 So Logan
(If rural, give location)

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

3. (a) PRINT FULL NAME James A Pitillo

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex Male

5. Color or race Wh.

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

6. (b) Name of husband or wife Nell Pitillo

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

7. Birth date of deceased March 15, 1854
(Month) (Day) (Year)

8. AGE: Years 86 Months 9 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Unknown

13. Birthplace _____
(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 Nell Pitillo

(b) Address 1129 So. Logan

17. (a) Burial (b) Date thereof 12/27/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem.

18. (a) Signature of funeral director George C. Casar

(b) Address Independence, Mo.

19. (a) Dec. 27, 40 (b) F. L. Cooper, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25
year 1940 hour 1:20 minute _____ P.M.

21. I hereby certify that I attended the deceased from Dec. 21, 1940, to Dec 25, 1940
that I last saw him alive on Dec 24, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 4 days

Due to arteriosclerosis Duration 10 yrs

Due to _____ Duration 67

Other conditions Hypertrophy prostate Duration 10 yrs
(Include pregnancy within 6 months of death)

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

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 _____, in industrial place, in public place?
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J. H. Hecker (M. D. or other) _____

Address Independence Date signed Dec 26

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..... *Ralph E Miller*
Licensed Embalmer No. *4124*
P. O. Address *3rd St. Ma.*

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.