X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43565

Registration District No. JAN 25 1941 701

Primary Registration District No. 5920

Registrar's No. 55

1. PLACE OF DEATH:

(a) County Polk

(b) City or town Marion Tyn (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 years, months or days) 2

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk

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

(d) Street No. 3 miles east of Bolivar (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Pearl M Pitner

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 M

6. (b) Name of husband or wife Ed Pitner

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

7. Birth date of deceased August (Month) 11 (Day) 1889 (Year)

8. AGE: Years 51 Months 4 Days 11 If less than one day hr. min.

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

10. Usual occupation house wife 0

11. Industry or business 7

MOTHER FATHER

12. Name Jim Ruckman 7

13. Birthplace not known (City, town, or county) (State or foreign country) 1

14. Maiden name not known

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

16. (a) Informant Ed Pitner

(b) Address Bolivar Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 23 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill

18. (a) Signature of funeral director Hutcheson & Co

(b) Address Bolivar Missouri

19. (a) 12/23/ (Date received local registrar) (b) J. T. Robert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22 year 1940 hour 6 minute 20 A.M.

21. I hereby certify that I attended the deceased from June, 1940 to Dec 22, 1940 that I last saw her alive on Dec 22, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diagnosis Undetermined	
Due to over	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

2 DOA

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? (Specify type of place)

While at work? 630 (e) Means of injury

23. Signature Doyle C McCraw (M. D. or other) 1

Address Bolivar Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

She was a patient at state Hosp No 3 for 2-3 weeks prior to her death & a great deal of lab & Xray work was done She died here in a coma 2 days after returning from Nevada. She may have had a brain tumor,

D McCran

RECEIVED
District Health Officer No. 7,
File Number 1-41-151
Date Filed 1-14-41

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 Bert Regan

Licensed Embalmer No. 3979

P. O. Address Bolivar, 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, fact should be so stated above.