

STANDARD CERTIFICATE OF DEATH

Registration District No. 689

Primary Registration District No. 3033

Registrar's No.

1. PLACE OF DEATH: Pike
 (a) County Louisiana
 (b) City or town Louisiana
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: at Home
(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

3. (a) PRINT FULL NAME John Robert Pitzer
 3. (b) If veteran, name war
 3. (c) Social Security No.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mary Ellen Pitzer
 6. (c) Age of husband or wife if alive 89 years
 7. Birth date of deceased Apr 28 1851
(Month) (Day) (Year)

8. AGE: Years 89 Months 7 Days 25
If less than one day hr. min.

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

10. Usual occupation Orchardist

11. Industry or business Caring for apple orchard

12. Name George Keefer Pitzer

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

14. Maiden name Hester Jane Estes

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

16. (a) Informant Miss Anne Pitzer

(b) Address 901 N Carolina Louisiana Mo

17. (a) Burial (b) Date thereof 1/25/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Burial Mo

18. (a) Signature of funeral director J. H. Hester

(b) Address Louisiana Mo 61120

19. (a) 4244 (b) J. H. Hester
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Pike 82
 (c) City or town Louisiana 2
(If outside city or town limits, write "RURAL")
 (d) Street No. 901 N Carolina
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23
 year 1941 hour 110 minute 15P M.

21. I hereby certify that I attended the deceased from Jan 17, 1941 to Jan 23, 1941;
 that I last saw him alive on Jan 23, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebrum Embolism
 Due to Acute Myocarditis 1 day
 Due to Acute Influenza 1 wk
 Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)
Senility
 Major findings:
 Of operations 1/21/41
 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 R. G. Anderson (M. D. or other) _____
 Address Louisiana Mo Date signed 1/24

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

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.....

George O. Wagner

Registered Apprentice No.

working under my personal supervision.

Signed.....

George O. Wagner

Licensed Embalmer No.

3793

P. O. Address.....

Louisiana

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.