

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

6382

FILED MAR 19 1941

Registration District No. 81

Primary Registration District No. 5128

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Halls, "Rural" Wayne
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5 miles from South St. Joseph
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 37 years
years, months or days)

3. (a) PRINT FULL NAME Charles H. Pettet

3. (b) If veteran,
name war _____

3. (c) Social Security
No. NONE

4. Sex Male
5. Color or race White

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

6. (b) Name of husband or wife Mrs. Elizabeth Pettet

6. (c) Age of husband or wife if
alive 71 years

7. Birth date of deceased December 9, 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 2 14 _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Pettet

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

14. Maiden name Elizabeth L. DeWesse

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

16. (a) Informant Mrs. Elizabeth Pettet

(b) Address Halls, Missouri

17. (a) Burial (b) Date thereof Febr. 25, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director Mrs. E. R. Sidenhagen J. Home

(b) Address 602 South 10th Street

19. (a) Feb 25/41 (b) E. Davis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town "Rural" Halls
(If outside city or town limits, write "RURAL")
(d) Street No. 5 Miles from So. St. Joseph
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 6 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23
year 1941 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from Apr. 1940 to Feb 23, 1941

that I last saw him alive on Feb 20, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Rupture of Gall Bladder today
Duration

Due to Abscess of Gall Bladder

Due to Cholecystitis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy none

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? At home

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature E. B. McJannet (M. D. Feb 23)

Address St. Louis Mo. Date signed 1941

(Licensed Embalmer's Statement on Reverse Side)

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

127.

Prof. Dr. J. J. van der Kolk

مجلس شورای ملی

17

3

Registered Apprentice No.

145

working under my personal supervision.

B. V. Kerst

Licensed Embalmer No _____

P. O. Address

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.