o. 2
-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24716

Registration District No. 125 Primary Registration District No. 3009 Registrar's No. 251

1. PLACE OF DEATH:

(a) County Cape

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

(c) Name of hospital or institution:
St. Francis
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 8 years 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 016

(a) State Mo. (b) County Cape

(c) City or town Cape Girardeau, 4
(If outside city or town limits, write "RURAL")

(d) Street No. 1025 Good Hope St.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Kathern Pittman

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 married

6. (b) Name of husband or wife L. J. Pittman

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

7. Birth date of deceased Jan 25, 1887
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
54	5	10	hr. min.

9. Birthplace Jefferson Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Houes wife

11. Industry or business

FATHER
12. Name George Washburn
13. Birthplace Jefferson Co. Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lorah Vinyard
15. Birthplace Jefferson Co. Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant L. J. Pittman
(b) Address Cape Girardeau, Mo.

17. (a) Burial (b) Date thereof 7/7/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lorimier Cemt.

18. (a) Signature of funeral director L. L. Haman
(b) Address Cape Girardeau, Mo.

19. (a) 7-7-41 (b) J. M. Thompson
(Date received local registrar) (Registrar's signature)

121

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
year 1941 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from 7-5, 1941, to 7-5, 1941
that I last saw her alive on 7-5, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Intestinal Obstruction	7 days
Due to Post operative adhesions	10 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

1228

Major findings:
Of operations Gangrenous small Intestine 15 ft.
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Frank W. Hall, M.D. (M.D. or other) 0
Address Cape Girardeau Date signed 7-7-41

(Licensed Embalmer's Statement on Reverse Side)

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.....L. L. Hasman.....

Licensed Embalmer No.....2863.....

P. O. Address.....Cape Girardeau, M.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.