

S. No. 2
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7. 5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED NOV 11 1941
Registration District No. 318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34931
State File No.
815
Registrar's No.

Primary Registration District No. 2001

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(c) Name of hospital or institution: 1606 College St
(d) Length of stay: 4 Months
In this community 4 Months

3. (a) PRINT FULL NAME Pete June Pettis
3. (b) If veteran, name war None
3. (c) Social Security No. None

5. Color of Female race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive Dec years
7. Birth date of deceased May 27, 1872

8. AGE: Years 69 Months 4 Days 12
If less than one day hr. min.

9. Birthplace Unknown Missouri

10. Usual occupation House Keeper

MOTHER FATHER
11. Industry or business House Work
12. Name John S. M. P. P. P.
13. Birthplace Unknown Missouri
14. Maiden name Mary E. Rush
15. Birthplace Unknown Kentucky

16. (a) Informant Mrs. Clara Mearns

(b) Address Springfield MO

17. (a) Burial (b) Date thereof Oct 12, 1941

(c) Place: burial or cremation near Paducah MO

18. (a) Signature of funeral director W. E. Handley

(b) Address W. E. Handley MD
19. (a) 10-11-41 (b) W. E. Handley MD

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Polk
(c) City or town Halfway
(d) Street No. 1 mile S.E. of Halfway
(e) Citizen of foreign country? no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 9
year 1941 hour 11:40 minute P. M.
21. I hereby certify that I attended the deceased from Aug 1st
1941 to Oct 9th 1941
that I last saw er alive on Oct 9th 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach Duration 6 mo
primary

Due to None
Due to None
Other conditions None
(include pregnancy within 3 months of death)

Major findings:
Of operations None
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) None
(b) Date of occurrence None

Where did injury occur? None
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? None (Specify type of place) (e) Means of injury

23. Signature Leslie R. Webb M.D. or other
Address Springfield MO Date signed 10/10/41

(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 *Richard B. Erwin*

Licensed Embalmer No. *3092*

P. O. Address *Galena, 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.

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