

S. No. 2
1-14-41
5-17-39
I X26390

Registration District No. 73

Primary Registration District No. 5973

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Rural Silver Creek
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
in this community 79-10-8
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Rural Silver Creek Township
(If outside city or town limits, write "RURAL")
(If rural, give location)
(d) Street No.....
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME John A Pitts

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 Widowed

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

7. Birth date of deceased March 2 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
-79 10 8 hr. min.

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

10. Usual occupation Farmer

11. Industry or business.....

12. Name S. Y. Pitts

13. Birthplace Randolph Co Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Anna Winston

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

16. (a) Informant Miss Harva Pitts

(b) Address Yates Mo

17. (a) Burial (b) Date thereof Jan 12 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Roanoke Mo

18. (a) Signature of funeral director Joe W Burton

(b) Address Higbee Mo

19. (a) 1/21/42 (b) Mrs. P. V. Orsinger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10
year 1942 hour I minute 10 P. M.

21. I hereby certify that I attended the deceased from Dec 2 1941 to Jan 10 1942
that I last saw him alive on Jan 9 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Prostatic Glandular Cellulitis (non-specific) Duration

Due to Hypertrophied prostate

Due to 137A

Other conditions Decand had pneumonia following an attack of influenza in the early part of the disease
(Include pregnancy within 3 months of death)

Major findings No autopsy
Of autopsy No 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 W. W. Burden (M. D. or other) D.O.

Address Higbee, Mo Date signed 1-11-42

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

MOTHER FATHER

MAY 18 1942

OCT 31 1945

JUN 6 1946

MAY 21 1948

JUL 2 1948

JUN 29 1948

RECEIVED

District Health Officer No. 10

District File Number 2-43-503

Date Filed FEB 19 1942

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 W. B. Starfield

Licensed Embalmer No. 2642

P. O. Address Macon, Ga.

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.