V. S. No. 2
0M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 14 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13502

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1754

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1632½ East 18th St., Apt. F
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether years, months or days) In this community: 7 months

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 37
(If outside city or town limits, write "RURAL")
(d) Street No.: 1632½ East 18th St. Apt. F 8
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Arthur J. Pittman
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: M
5. Color or race: Col
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: September 18, 1941 (Month) (Day) (Year)
8. AGE: Years | Months: 7 | Days: 12 | If less than one day: hr. min.
9. Birthplace: Kansas City (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Infant
11. Industry or business:
MOTHER FATHER
12. Name: Farmer Pittman
13. Birthplace: Arkansas (City, town, or county) (State or foreign country)
14. Maiden name: Mamie Louise Manier
15. Birthplace: Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Mamie Louise Pittman
(b) Address: 1632½ East 18th St., Apt. F
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 5/5/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Highland Cemetery
18. (a) Signature of funeral director: Watkins & Bros
(b) Address: 1729 Lydia
19. (a) May 4 1942 (Date received/local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4-30-42 day
year hour minute 3 P. M.
21. I hereby certify that I attended the deceased from Deputy Coroner, 19
that I last saw alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Interstitial Pneumonia
Due to:
Due to: 108
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations:
Of autopsy:

Duration

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: 3
23. Signature: Russell W. Lee (M. D. or other)
Address: Date signed

361 (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 Issac Jerome Mann

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.