. S. No. 2
M—1-4-41
ev. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1942

Registration District No. 114

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5867-5869

State File No. 15127

Registrar's No.

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Portageville R#2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Godair Twp 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 14 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78

(c) City or town Portageville R#2
(If outside city or town limits, write "RURAL")

(d) Street No. .....
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Lee Fitts

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex Male O 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alma Shell 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased June (Month) 22 (Day) 1886 (Year)

8. AGE: Years 55 Months 9 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace Wayne County (City, town, or county) 1 Tenn (State or foreign country)

10. Usual occupation Farmers

11. Industry or business Farmer

FATHER
12. Name John Fitts
13. Birthplace 1 Tenn (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Castleberry
15. Birthplace 1 Tenn (City, town, or county) (State or foreign country)

16. (a) Informant Edna Prince
(b) Address Sikeston, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 (Month) 22 (Day) 42 (Year)
(c) Place: burial or cremation Portageville

18. (a) Signature of funeral director Dr Lisle Funeral Parlor
(b) Address Portageville Mo

19. (a) 5-5-42 (Date received local registrar) (b) J L Creasy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21 year 1942 hour 5:30 minute P M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Crushed skull & broken neck

Due to Auto leaving road and turning over.

Due to 1 mile S. Ronco store & 1/2 mile W.

Other conditions 61 highway
(Include pregnancy within 3 months of death)

Major findings:
Of operations 170c-6
Of autopsy JX

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) Accident

(b) Date of occurrence Apr. 21 1942

(c) Where did injury occur? County (City or town) Pemiscot Co. (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public County road 8
(Specify type of place)

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

23. Signature Jales V. Moore Coroner (M. D. or other)

Address Hayes Mo Date signed 4/23/42

270 (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 Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address Portageville

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.