V. S. No. 2
OM—9-4-41
Rev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 6 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

17119

State File No.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2091

48
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8

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

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: O Wheatley Provident Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5/23 to 5/27 (Specify whether
In this community 10 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 11

(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1228 South 17th St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mildred Pittman

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Fe 3

5. Color or race Col

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife George Pittman

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased August (Month) 13 (Day) 1908 (Year)

8. AGE: Years 33 Months 9 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation General Housework

11. Industry or business

FATHER
12. Name Jordan Tolbert
13. Birthplace (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Mary
15. Birthplace (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant George Pittman
(b) Address 1228 South 17th St. St. Joe

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 5/28/42 (Month) (Day) (Year)
(c) Place: burial or cremation St. Joseph, Mo.

18. (a) Signature of funeral director Halkins Bros
(b) Address 1729 Lydia

19. (a) 5-28-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 year 1942 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from May 18 1942, 19..., to May 27, 19..., that I last saw her alive on May 27, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death (2) Chronic Glomerulo-nephritis c

Due to Uremia

(1) Carcinoma of Cervix Uteri

Due to c Generalized Metastasis

Other conditions (Include pregnancy within 3 months of death) 48a

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? S (e) Means of injury 0

23. Signature Royell B. Fleming (M. D. or other)

Address 310 Lincoln Bldg Date signed 5/28

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(Licensed Embalmer's Statement on Reverse Side)

SEP 22 1944

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 Isaac Jerome Manlove

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.