

FILED JUL 24 1942 50
Registration District No.

Primary Registration District No. 3004

State File No.

Registrar's No. 33

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

1. PLACE OF DEATH: Bates
 (a) County Bates
 (b) City or town Bates
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Bates Memorial Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. _____ (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Bates
 (c) City or town Bates Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Hadie M Pettus
 3. (b) If veteran, name war ✓
 3. (c) Social Security No. _____

4. Sex female / 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. Dec 26 1866
 (Month) (Day) (Year)

8. AGE: Years 75 Months 6 Days 19
 If less than one day _____ hr. _____ min.

9. Birthplace Sedalia Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business Own Home

12. Name Joseph H Wood
 13. Birthplace not know 9
 (City, town, or county) (State or foreign country)
 14. Maiden name ✓
 15. Birthplace 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Rock Shelton
 (b) Address Bates Mo.

17. (a) Burial (b) Date thereof July 17 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Bates

18. (a) Signature of funeral director Culver
 (b) Address Bates Mo.

19. (a) July 17 1942 (b) Nina Culver
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15th
 year 1942 hour 3:30 P.M.
 21. I hereby certify that I attended the deceased from July 11th to July 15th 1942
 that I last saw him alive on July 15th 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia

Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) 101

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?

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature L D Le Hue (M. D. or other) MD
 Address Bates Mo. Date signed 7-16-42

RECEIVED

District Health Officer No. 7,

District File Number 7-42-808

Date Filed 7-23-42

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.....

C. E. Culver

Licensed Embalmer No.

2576

P. O. Address.....

Butte, 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.