

MAY 5 1943
Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH: Jackson
 (a) County: Jackson
 (b) City or town: Kansas City
 (c) Name of hospital or institution: 636 West / 57th Terr.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution... XX
 In this community... 47 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48
 (a) State: Missouri (b) County: Jackson
 (c) City or town: Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No.: 636 W. 57th Terrace
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country: 0

3. (a) PRINT FULL NAME: MRS. MYRTLE I. PITTAM
 3. (b) If veteran, name war: XX
 3. (c) Social Security No.: NO

4. Sex: Fe / 5. Color or race: Wh /
 6. (a) Single, widowed, married, divorced: Married
 6. (b) Name of husband or wife: Dr. J. Thomas Pittam
 6. (c) Age of husband or wife if alive: 67 years
 7. Birth date of deceased: March 27 1875
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
 68 0 27 1/4 hr. min.

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

10. Usual occupation: At Home

11. Industry or business: MOTHER FATHER
 { 12. Name: Peter Hamilton Clark
 { 13. Birthplace: Ohio /
 { 14. Maiden name: Mahalia Haynes
 { 15. Birthplace: Missouri /
 (City, town, or county) (State or foreign country)

16. (a) Informant: Dr. J. Thomas Pittam
 (b) Address: 636 West 57th Terrace

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-13-43
 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Moriah Cemetery
 18. (a) Signature of funeral director: W. Wagner
 (b) Address: Kansas City, Mo.

19. (a) 4-13-43 (b) M. M. Brown
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month: April day: 11th
 year: 1943 hour: 2:30 minute: a.m.
 21. I hereby certify that I attended the deceased from May 1, 1942, to April 10th, 1943, that I last saw her alive on April 10th, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Passive pulmonary congestion
 Due to: Carcinomatosis
 Due to: Recto-vaginal septum
 Other conditions: none
 (Includes pregnancy within 3 months of death)

Major findings: none - X-ray + Radium
 Of operations: C.E. Nirden M.D.
 Of autopsy: none
 PHYSICIAN: _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify): no
 (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: R.T. Pittam M.D. (M. D. or other)
 Address: 830 Professional Bldg., Kansas City, Mo. Date signed: Apr 11, 1943

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 Alvin R. Hunschick

Licensed Embalmer No. 4159

P. O. Address Kansas City, 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.