

FILED MAY 8 1943
Registration District No. **333**

Primary Registration District No. **5490**

Registrar's No. **40**

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

1. PLACE OF DEATH:
(a) County **Harrison**
(b) City or town **New Hampton Rural White Oak**
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community **six years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Harrison**
(c) City or town **New Hampton Rural White Oak**
(d) Street No. **2 mile North of New Hampton**
(e) Citizen of foreign country? (Yes or No) **0**
If yes, name country.....

3. (a) PRINT FULL NAME **JOHN SALEM PITTMAN**
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **13** year **1943** hour **8** minute **P.** M.

4. Sex **M** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **M**
6. (b) Name of husband or wife **Ida m Pittman**
6. (c) Age of husband or wife if alive **62** years
7. Birth date of deceased **Oct - 19 - 1874**

21. I hereby certify that I attended the deceased from **April 13, 1943** to **April 13, 1943**
that I last saw him alive on **April 13, 1943**
and that death occurred on the date and hour stated above.
Immediate cause of death **Coronary thrombosis**

8. AGE: Years **68** Months **5** Days **24** If less than one day.....hr.....min.

Due to.....
Due to.....

9. Birthplace **Mercer county Mo 0**

Other conditions (include pregnancy within 3 months of death) **94 a**

10. Usual occupation **Farmer**

Major findings: Of operations.....
Of autopsy.....

11. Industry or business.....

12. Name **Salum Pittman**

13. Birthplace **Illinois**

14. Maiden name **Hancy England**

15. Birthplace **Illinois**

16. (a) Informant **Ida m Pittman**

17. (a) (Burial, cremation, or removal) **Burial** (b) Date thereof **Apr 16 1943**

(c) Place: burial or cremation **Foster**

18. (a) Signature of funeral director **W H Noble**

(b) Address **New Hampton Mo**

19. (a) (Date received local registrar) **April 30-1943(b)** **Ida m Burris** (Registrar's signature)

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 **J. W. Wilson** (M. D. or other).....
Address **New Hampton Mo** Date signed **April 14 1943**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....
..... *W H Noble*, Registered Apprentice No.....
working under my personal supervision.

Signed..... *W H Noble*

Licensed Embalmer No. *2904*

P. O. Address..... *New Hampton 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.