

FILED JUL 26 1943

Registration District No. 217

Primary Registration District No. 3045

Registrar's No. # 46

1. PLACE OF DEATH:

(a) County MISSISSIPPI
(b) City or town CHARLESTON, MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: CYPRESS ST 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution All of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MISSISSIPPI
(c) City or town CHARLESTON
(If outside city or town limits, write "RURAL")
(d) Street No. 403 So. ELM ST
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country NONE

3. (a) PRINT FULL NAME ROSCOE PETTIGREW

3. (b) If veteran, name war NO 3. (c) Social Security No. 439-18-7272

4. Sex MALE 5. Color or race COLOR 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife SINGLE 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased DECEMBER 3 1911
(Month) (Day) (Year)

8. AGE: Years 31 Months 6 Days 17 If less than one day hr. min.

9. Birthplace BELMONT MO
(City, town, or county) (State or foreign country)

10. Usual occupation DAY LABORER

11. Industry or business RR WORKER & FARMING

12. Name Will PETTIGREW

13. Birthplace DECATURVILLE TENNESSEE
(City, town, or county) (State or foreign country)

14. Maiden name HATTIE COTTON

15. Birthplace LOUISVILLE KY
(City, town, or county) (State or foreign country)

16. (a) Informant AUDREY Williams

(b) Address CHARLESTON, Mo 403 S. Elm

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-23-43
(Month) (Day) (Year)

(c) Place: burial or cremation OAK GROVE - CHARLESTON, Mo

18. (a) Signature of funeral director John F. ...
(b) Address Charleston Mo

19. (a) July 1 - 43 (Date received local registrar) (b) Mr Lou Moore (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 20 year 1943 hour 1 minute 30 A M.

21. I hereby certify that I attended the deceased for No Medical attendance to _____ that I last saw him _____ alive on _____, 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Bullet wound above sternum in thoracic cavity & bullet in abdominal cavity

Due to Pistol wounds

Due to _____

Other conditions (Include pregnancy within 3 months of death) 166

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence June 20 1943

(c) Where did injury occur? Charleston, Missouri Mo
(City or town) (County) (State)

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

While at work no (e) Means of injury Coroner

23. Signature Walter ... (M. D. or other) Address Charleston Mo Date signed 6/24/43

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 742-925

Date Filed 7-19-43

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

John F. Munnick Jr.

Licensed Embalmer No. 3851

P. O. Address Charleston 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.