V. S. No. 2
OM—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31331

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 313

14
1
2

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

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 M 4 d (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Montgomery 14

(c) City or town McKitrick 1
(If outside city or town limits, write "RURAL") 2

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Cordelia Pitman

3. (b) If veteran, name war DK

3. (c) Social Security No. DK

4. Sex F

5. Color or race Black 3

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Julius Pitman

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

7. Birth date of deceased June (Month) 12 (Day) 1864 (Year)

8. AGE: Years 79 Months 3 Days 13 If less than one day hr. min.

9. Birthplace McKitrick (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Bill Ellis
13. Birthplace (City, town, or county) Virginia (State or foreign country) 1

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

16. (a) Informant Record
(b) Address

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-25-43 (Month) (Day) (Year)
(c) Place: burial or cremation McKitrick Mo

18. (a) Signature of funeral director Barton Baker
(b) Address Amerlea Mo

19. (a) 9-25-1943 (Date received local registrar) (b) Josie Moisinkhoff (Registrar's signature)

1941

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep day 25 year 1943 hour 8-10 minute a M.

21. I hereby certify that I attended the deceased from 9/16/ 1943, to 9/25/ 1943 that I last saw her alive on 9/24/ 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis

Due to: Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death) 930

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? (e) Means of injury

23. Signature George W. Reuben (M. D. or other) MD

Address Fulton Mo Date signed 9/25/43

(Licensed Embalmer's Statement on Reverse Side)

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 W B Baker

Licensed Embalmer No. 3375

P. O. Address Ameriea 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.