No. 2
-2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 13 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37515

State File No.

Registration District No. 2 Primary Registration District No. 4009 Registrar's No. 128

1. PLACE OF DEATH:

(a) County Andrew

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

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 61 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

(c) City or town Savannah mo
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Ethel Pittman

3. (b) If veteran, name war –

3. (c) Social Security No. –

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sam E Pittman

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased May (Month) 2 (Day) 1882 (Year)

8. AGE: Years 61 Months 6 Days 12 If less than one day hr. min.

9. Birthplace Andrew Co (City, town, or county) mo (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Melton Sparks
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Table
15. Birthplace Andrew Co (City, town, or county) mo (State or foreign country)

16. (a) Informant Lizzie Pittman
(b) Address Savannah mo

17. (a) B (Burial, cremation, or removal) (b) Date thereof 11-21-43 (Month) (Day) (Year)
(c) Place: burial or cremation SAVANNAH IOO

18. (a) Signature of funeral director E. C. Breit
(b) Address Savannah mo

19. (a) 11-21-43 (Date received local registrar) (b) F H Fritchman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 14 year 1943 hour 5:00 minute P M.

21. I hereby certify that I attended the deceased from Nov 2nd 1943 to Nov 14 1943 and that I last saw him alive on Nov. 14th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 9 + a

Major findings:
Of operations

Of autopsy

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 0

23. Signature Ralph P Kelley (M. D. or other) MD
Address Savannah Mo Date signed 11-20-43

(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 E. C. Brent

Licensed Embalmer No. 2650

P. O. Address Iuka ms

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.