

FILED DEC 27 1943

Registration District No. 22843

Primary Registration District No. 2000

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

1. PLACE OF DEATH:

(a) County... Greene
(b) City or town... Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Spld. Bapst. Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 6 Hours
(Specify whether
In this community... 6 Hours
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Pulaski
(c) City or town... Richland
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Daniel L. Pettet

3. (b) If veteran, name war... No 3. (c) Social Security No... No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife... unk. 6. (c) Age of husband or wife if alive... Dec. years
7. Birth date of deceased... Aug. 9 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 4 0 hr. min.

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

10. Usual occupation... Merchant

11. Industry or business... Used Furniture

MOTHER FATHER { 12. Name... C. Pettet
13. Birthplace... unk. Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name... Elizabeth Canter
15. Birthplace... unk. Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant... Alf Pettet
(b) Address... Richland, Mo.

17. (a) Burial (b) Date thereof Dec. 12, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Hazlegreen, Mo.

18. (a) Signature of funeral director... H.H. Lohmeyer

(b) Address... Springfield, Mo.

19. (a) 12-14-43 (b) Dr. W.S. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9
year 1943 hour 7:00 minute p. . M.

21. I hereby certify that I attended the deceased from Dec. 9, 1943
to Dec. 9, 1943
that I last saw him alive on Dec. 9, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death... Diabetic Coma Duration _____

Due to Diabetes Mellitus

Due to _____

Other conditions... 61
(Include pregnancy within 3 months of death)

Major findings: Of operations... No operation PHYSICIAN _____
Of autopsy... None 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 _____

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 Dr. Roseberry (M.D. or other)
Address Springfield, Mo. Date signed 12/4/43

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..... *L. Paulin Gorman*

Licensed Embalmer No. *3177*

P. O. Address *Springfield, 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.