S. No. 2
M—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 1 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13832

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1607

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: EN ROUTE TO TRINITY LUTHERAN HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether
In this community 3 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 5109 - MICHIGAN AVENUE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JAY MARVIN PITNEY
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JUNE (Month) 2 (Day) 1940 (Year)

8. AGE: Years 3 Months 10 Days 8 If less than one day hr. min.

9. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation INFANT
11. Industry or business

MOTHER FATHER
12. Name CHAPLAIN MARVIN J. PITNEY
13. Birthplace Higbee (City, town, or county) Mo. (State or foreign country)
14. Maiden name Eleanor E. MASON
15. Birthplace Andrew Co. (City, town, or county) MO (State or foreign country)

16. (a) Informant CHAPLAIN MARVIN J. PITNEY
(b) Address 5109 MICHIGAN AVENUE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL 12 1944 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ ST. JOSEPH MISSOURI
18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 - BRUSH CREEK BLVD.
19. (a) 4-11-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10 year 1944 hour 7 minute 30 M.
21. I hereby certify that I attended the deceased from November 20, 1943, to April 10, 1944; that I last saw him alive on April 9, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Purulent Meningitis	3 days
Due to Acute Otitis Media - right	5 days
Due to Chronic Glomerulo-Nephritis	8 mo

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Confirmed above

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 Charles J. Eldridge (M. D.)
Address 6247 Brookside Blvd. Date signed 4-10-44

(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 [signature]

Licensed Embalmer No. 4045

P. O. Address [illegible]

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.