DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17685

FILED MAY 29 1944

Registration District No. 1944

Primary Registration District No. 5187

Registrar's No.

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town R.F.D. # 2-Whitewater, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.F.D. # 2-Whitewater, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 78 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 16

(a) State Missouri (b) County Cape Girardeau 0

(c) City or town Rural
(If outside city or town limits, write "RURAL") 0

(d) Street No. R.F.D. # 2-Whitewater, Mo.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME James J. Pittman

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Nunning

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

7. Birth date of deceased December (Month) 25th (Day) 1855 (Year)

8. AGE: Years 88 | Months 2 | Days 14 | If less than one day ..... hr. ..... min.

9. Birthplace Frankfort (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business .....

FATHER
12. Name James J. Pittman Sr.
13. Birthplace ..... (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Elizabeth Waddle
15. Birthplace ..... (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Elmer H. Pittman
(b) Address Whitewater, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-11-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Barks Chapel Cemt.

18. (a) Signature of funeral director L. L. Haman
(b) Address Cape Girardeau, Missouri.

19. (a) 3-14-44 (Date received local registrar) (b) A. H. Mache (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9th year 1944 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from June 1st, 1943 to March 9th, 1944 that I last saw him alive on March 1st, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Chr. interstitial nephritis.

Due to age

Other conditions
(Include pregnancy within 3 months of death)

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 W. W. Davault (M. D. or other) MD

Address Allenville, Mo Date signed 3/14/44

(Licensed Embalmer's Statement on Reverse Side)

1138

RECEIVED

District Health Officer No. [illegible]

District File Number 544-[illegible]

Date Filed 5-26[illegible]

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 Howard A. Hanman

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.