

Registration District No. **138** Primary Registration District No. **3321** Registrar's No. **9**

1. PLACE OF DEATH:
 (a) County **Hickory**
 (b) City **Hermitage**
 (c) Name of hospital or institution: **Center sup**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **25 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **NO + A. PITTS**

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

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **Albert Pitts** 6. (c) Age of husband or wife if alive **73** years
 7. Birth date of deceased **7-8-1874** (Month) (Day) (Year)

8. AGE: Years **69** Months **9** Days **26** If less than one day hr. min.

9. Birthplace **Dallas County** (City, town, or county) **Mo** (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business

12. Name **Bess Hackney**
 13. Birthplace **Unknown** (City, town, or county) (State or foreign country)
 14. Maiden name **Unknown**
 15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **E. P. Roan**
 (b) Address **Hermitage**

17. (a) Burial (Burial, cremation, or removal) **Hermitage Cemetery** (b) Date thereof **5-8-44** (Month) (Day) (Year)

(c) Place: burial or cremation **Hermitage Cemetery**

18. (a) Signature of funeral director **Albert Hathaway**
 (b) Address **Whitland, Mo**
 19. (a) **May 31-1944** (Date received local registrar) **Mary F. Carleton** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Hickory**
 (c) City or town **Hermitage** (If outside city or town limits, write "RURAL") **4B**
 (d) Street No. (If rural, give location) **0**
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country **no**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **4** year **1944** hour **3** pm minute **0** M.

21. I hereby certify that I attended the deceased from **April 2?** 1944 to **May 4** 1944, and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac failure**

Due to **Carcinoma of the cervix** 12 years

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **48a**
 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?

While at work? (Specify type of place) (e) Means of injury

23. Signature **Carl W. Bailey** (M. D. or other) **Mo**
 Address **Hermitage, Mo** Date signed **May 31 1944**

1094

USE UNFADING INK INK MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED
District Health Officer No. 7,
District File Number 5-44-686
Date Filed 6-3-44

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 Charles Gilbert Hathaway
Licensed Embalmer No. 4267
P. O. Address Wheatland, Mo.

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.