

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

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-43
-39
137823

FILED JUL 8 1944

State File No. _____

Registration District No. 199

Primary Registration District No. 1602

Registrar's No. 2694

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:
Research Hospital
(If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days) IO Days

In this community IO Days

3. (a) PRINT FULL NAME William S. Pettit

3. (b) If veteran, name war no 3. (c) Social Security No. 509-05-9466

4. Sex Male 5. Color or race wh 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Pearl C. Pettit 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Nov 21st 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>7</u>	<u>6</u>	____ hr. ____ min.

9. Birthplace Neodesha Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Lumberman

11. Industry or business _____

MOTHER FATHER

12. Name George Pettit

13. Birthplace Virginia
(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 Pearl C. Pettit

(b) Address Neodesha Kansas

17. (a) Removal (b) Date thereof June 30th 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Neodesha Kansas

18. (a) Signature of funeral director Eylar Funeral Home
(b) Address 1800 Linwood

19. (a) 6-28-44 (b) T. E. Braun
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Dont Know 999

(c) City or town Neodesha Kansas
(If outside city or town limits, write "RURAL") 14 0

(d) Street No. In City
(If rural, give location)

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

If yes, name country no 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27th year 1944 hour 6 minute 17 A. M.

21. I hereby certify that I attended the deceased from 6-17 1944, to 6-27 1944
that I last saw h. u alive on 6-27 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary
Arteriosclerosis
Myocardial Infarction
Due to Arteriosclerosis
Due to 46 h

Other conditions Syphilis
(Include pregnancy within 3 months of death)
Major findings: Syphilis
Of operation Arteriosclerosis
Of autopsy Myocardial Infarction
County Arteriosclerosis

Duration
PHYSICIAN
Underline the cause to which death should be attributed 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) (a) Means of injury _____
23. Signature T. E. Braun (M. D. or other) 6/27/44
Address E. C. M. Date signed _____

AUG 16 1945

SEP 4 1945

Li 8118

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 *Glen E. Heck*

Licensed Embalmer No. *4063*

P. O. Address *1800 Lenwood B*

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.