

No. 2
8-43
7-39
X37823

20990

State File No.

FILED JUL 10 1944

Registration District No.

Primary Registration District No. 5019

Registrar's No. 54

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Rochester Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution.....
In this community 60 yrs
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Hiram Wesley Pitsenbarger

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

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased 3-21-1862
(Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 29 If less than one day hr. min.

9. Birthplace Park Co skio
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.....

12. Name Hiram Jackson Pitsenbarger

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name Katherine

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Artie Pitsenbarger

(b) Address Barnard mo

17. (a) (b) Date thereof 6-21-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Polk Co

18. (a) Signature of funeral director E. G. Breet

(b) Address Lawrence mo

19. (a) 6-21-44 (b) J. H. Fitchman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 20
year 1944 hour 10 minute A.M.

21. I hereby certify that I attended the deceased from Jan
1944 to JUNE 20, 1944
that I last saw him alive on JUNE 19
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Duration ?

Due to.....

Due to.....

Other conditions (include pregnancy within 3 months of death) 930

Major findings: Of operations.....

Of autopsy.....

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 Clifford L. Steidinger M. D. or other MD

Address Lawrence mo Date signed 6/21/44

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

MOTHER FATHER

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah

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.