

AUG 23 1944
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3326

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:
3420 Benton Blvd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 years (Specify whether 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. 3420 Benton Blvd
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME Mrs Ozilla Pitcher

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

4. Sex Female 5. Color or race Wh 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife J.M. Pitcher (Deceased) 6. (c) Age of husband or wife if alive at 65 years
7. Birth date of deceased Feb 2nd 1873
(Month) (Day) (Year)

8. AGE: Years 71 Months 6 Days 10 If less than one day hr. min.

9. Birthplace Liberty Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business

MOTHER FATHER { 12. Name William Lane
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Frances Pogue
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Lowry R. Lane
(b) Address 8600 Sni-bar Road

17. (a) Burial (b) Date thereof Aug 13th 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brooking Cemetery
Zylar Funeral Home

18. (a) Signature of funeral director [Signature]
(b) Address 1800 Linwood

19. (a) 8-12-44 (b) M. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 12th year 1944 hour 3 minute A M.

21. I hereby certify that I attended the deceased from August 8, 1944, to August 12, 1944, that I last saw her alive on Aug 12, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocarditis Duration 1 week

Due to Arterio Sclerosis 104 years

Due to Chronic Nephritis 10 years

Other conditions Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations [Signature]

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? _____

While at work? _____ (Specify type of place) (e) Means of injury [Signature]

23. Signature M. Carl T. Moore (M. D. or other) MD
Address 6508 E. 37th, K.C. Mo Date signed 8-13-44

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

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 *Glenn E. Heck*.....

Licensed Embalmer No. *4063*.....

P. O. Address *1800 Linwood Blvd*.....

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.