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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 7 1944

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 928

1. PLACE OF DEATH:
(c) County **GREENE**
(b) City or town **SPRINGFIELD**
(c) Name of hospital or institution: **BURGE HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 DAYS**
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO.** (b) County **GREENE**
(c) City or town **SPRINGFIELD**
(If outside city or town limits, write "RURAL")
(d) Street No. **717 N. BROADWAY**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **BILLIE MARIE PITT**

MEDICAL CERTIFICATION

3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **NONE**

20. DATE OF DEATH: Month **NOV.** day **24**
year **1944** hour **2:00** minute **A. M.**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **SINGLE**

21. I hereby certify that I attended the deceased from **11-19** to **11-24**
that I last saw her alive on **11-24**
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife **NONE** 6. (c) Age of husband or wife if alive **XY** years

7. Birth date of deceased (Month) **NOV.** (Day) **19.** (Year) **1944**

Immediate cause of death _____

8. AGE: Years **0** Months **0** Days **5** If less than one day _____ hr. _____ min.

Due to **Pneumonia Bacth**
Not known

9. Birthplace **SPRINGFIELD MO.**
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation **INFANT**

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

11. Industry or business **AT HOME**

PHYSICIAN _____

12. Name **MARVIE PITT**

Major findings: Of operations _____

13. Birthplace **GREENE CO. MO.**
(City, town, or county) (State or foreign country)

Of autopsy _____

14. Maiden name **LENA MARIE WINDLE**

Underline the cause to which death should be charged statistically.

15. Birthplace **PLEASANT HOPE MO.**
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

16. (a) Informant **MARVIE PITT**

(a) Accident, suicide, or homicide (specify) _____

(b) Address **Springfield, Mo.**

(b) Date of occurrence _____

17. (a) **Burial** (b) Date thereof **Nov 25-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? (City or town) (County) (State) _____

(c) Place: burial or cremation **Robbers Grove**

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director **J. W. Kingner & Co.**

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

(b) Address **Springfield, Mo.**

23. Signature **[Signature]** (M. D. or other) _____

19. (a) **11-24-44** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

Address **Springfield, Mo.** Date signed **2004**

(Licensed Embalmer's Statement on Reverse Side)

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.....

J.B.K. Lingner

Licensed Embalmer No. *3358*

P. O. Address.....

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.

X