

FILED JAN 4 1945
Registration District No. 1002

Primary Registration District No. 1002

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

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: 3827 Baltimore
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 700 (Specify whether years, months or days) 16 yrs

In this community 16 yrs

3. (a) PRINT FULL NAME William F. W. Pitt

3. (b) If veteran, name war none

3. (c) Social Security No. 499-14-3816

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

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive years 17

7. Birth date of deceased Sept. 17 1888
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|----------|----------------------|
| | <u>56</u> | <u>58</u> | <u>3</u> | <u>2</u> hr. min. |

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

10. Usual occupation Sheet Metal Worker

11. Industry or business

MOTHER FATHER { 12. Name Joseph White 11

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

14. Maiden name Ellie Powell

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

16. (a) Informant Mrs Lou Eaton

(b) Address 3827 Baltimore

17. (a) Burial (b) Date thereof 12-22-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director J.P. Davis Funeral Home

(b) Address 3400 Woodland

19. (a) 12-21-44 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 40

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

(d) Street No. 3827 Baltimore
(If rural, give location)

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

If yes, name country U

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19
31 year 1944 hour minute P.M.

21. I hereby certify that I attended the deceased from For the last eight years 19 19
that I last saw h. alive on 19 19
and that death occurred on the date and hour stated above.

Immediate cause of death Rupture of Colon

Due to Carcinoma of

Due to The Omentum & Intestinal meso

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations no 4 1/2 in inc PHYSICIAN

Of autopsy no

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 D

23. Signature James J. Ferguson (M. D. or other) PHYSICIAN

Address 1410 Bryant Bldg Date signed 12/21/44

Dr. Ferguson

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.....

Gary Buffington

Licensed Embalmer No. *2756*

P. O. Address..... *KC Mo*

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.