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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 11 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19638

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2755

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: Wheatley Provident Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6/1 to 6/30 (Specify whether
In this community 3 months 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. 1725 Michigan (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Everett Pitts
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race Col
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Jessie Pitts
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 12 (Day) 1869 (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	2	18	hr. min.

9. Birthplace Boone County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name William Pitts
13. Birthplace (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name Pauline
15. Birthplace Independence (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Florida Gatewood
(b) Address 1317 East 23rd, Los Angeles Calif
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 6/30/45 (Month) (Day) (Year)
(c) Place: burial or cremation Columbia, Missouri
18. (a) Signature of funeral director Watkins Bros.
(b) Address 1729 Lydia
19. (a) 6-30-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30th year 1945 hour 12:10 minute A. M.
21. I hereby certify that I attended the deceased from 6/10/45, 19__, to _____, 19__; that I last saw him alive on 6-29-45, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage
Due to
Due to Hypertension
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

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 [signature] (M. D. or other)
Address 1412 E 12 Date signed 6/30/45

(Licensed Embalmer's Statement on Reverse Side)

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 D. J. Mardone

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.