

FILED SEP 28 1945
Registration District No. ... 2

Primary Registration District No. 2000

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

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(c) Name of hospital or institution: Burge Hospital 6
(d) Length of stay: In hospital or institution 7 days
In this community years, months or days

3. (a) PRINT FULL NAME Arthur L. Pitts

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

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

6. (b) Name of husband or wife. Roman Pitts 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Sept 16, 1882

8. AGE: Years 62 Months 11 Days 4 hr. min.

9. Birthplace Pittsburg Missouri

10. Usual occupation Postal Clerk

11. Industry or business

12. Name J. H. Pitts

13. Birthplace Pittsburg Missouri

14. Maiden name Anna E. Dennis

15. Birthplace Fayetteville Ark.

16. (a) Informant Bratton, Mr. Pitts

(b) Address Willow Park Ill.

17. (a) Burial (b) Date thereof Aug 23, 1945

(c) Place: burial or cremation Baptist Cem. Pittsburg Mo.

18. (a) Signature of funeral director Hotchkiss - Turpin

(b) Address Bolivar Mo.

19. (a) 8-23-45 (b) Registrar's signature

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Hickory
(c) City or town Springfield
(d) Street No. Pittsburg Mo.
(e) Citizen of foreign country? (Yes or No) /
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 20 year 1945 hour 6:10 minute 8 M.

21. I hereby certify that I attended the deceased from 8-13-1945 to 8-20-1945 that I last saw him alive on 8-20-1945 and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage cerebral 8 days -

Due to ...
Due to ...

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations g'n
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? ...
(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 ...

23. Signature J. M. Munch (M.D. or other) Address 527 N. 49th St., Mo. Date signed 8-21-45

JUL 19 1945

FEB 18 1946

DEC 1 1945

SEP 20 1945

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..... *Frank L. Lavin*.....

..... Licensed Embalmer No. *3053*.....

..... P. O. Address..... *Bolivar, 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.

X