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

THE STATE BOARD OF HEALTH OF MISSOURI

FILED AUG 22 1945 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 261

Primary Registration District No. 5891

Registrar's No. 26

77
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Ozark

(b) City or town Gainesville, Rural, Bridges
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
near Gainesville, Mo
(If, not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Life time years, months or days)

3. (a) PRINT FULL NAME M. Edward Pitcock

3. (b) If veteran, name war V

3. (c) Social Security No. V

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Looney Pitcock 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased July 17 1870
(Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 15 If less than one day hr. _____ min. _____

9. Birthplace Uniontown, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Elioph Pitcock

13. Birthplace Uniontown, Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Mary T. Bushong

15. Birthplace Uniontown, Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Floyd Pitcock

(b) Address Gainesville, Mo

17. (a) Burial (b) Date thereof 7-4-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smith Chapel Cemetery

18. (a) Signature of funeral director McClure Funeral Home

(b) Address Gainesville, Mo.

19. (a) 7-3-45 (b) Margaret Hutchison
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark

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

(d) Street No. near Gainesville Mo
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2nd
year 1945 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from April 1st
1945 to July 2 1945
that I last saw him alive on July 2 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Dilatation Duration _____

Due to Prostatic enlargement and general infection there from

Due to _____

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

Major findings: Of operations _____

Of autopsy 137a

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) _____ (e) Means of injury _____

23. Signature J. E. Bushong (M. D. or other) _____
Address Gainesville, Mo. Date signed 7-3-45

1008

RECEIVED

District Health Officer No. 6,

District File Number

845-902

Date Filed

AUG 20 1945

100
V.S. No. 2

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..... *Lawrence L. Hall*

Licensed Embalmer No. *2784*

P. O. Address *Gainessville, Fla.*

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.