. S. No. 2
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ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 18 1945

State File No. 28255

Registration District No. 24 Primary Registration District No. 3056 Registrar's No. 147

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wabash Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 129 Elizabeth
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Coy B. Pittman
3. (b) If veteran, name war ✓
3. (c) Social Security No. 703-01-2387
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie Pittman
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 8th (Day) 1895 (Year)

8. AGE: Years	Months	Days	If less than one day
50	3	21	hr. min.

9. Birthplace (City, town, or county) Ga (State or foreign country)
10. Usual occupation Brakeman
11. Industry or business Wabash R.R.
MOTHER FATHER
12. Name Frank Pittman
13. Birthplace (City, town, or county) Ga (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Minnie Pittman
(b) Address Moberly Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31st 45 (Month) (Day) (Year)
(c) Place: burial or cremation Moberly Mo
18. (a) Signature of funeral director Malan and Son
(b) Address Moberly Mo
19. (a) 7-31-45 (Date received local registrar) (b) Irma Nave (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29th year 1945 hour 9 minute 10 a.m.
21. I hereby certify that I attended the deceased from 7-29-45, 19..., to 7/29/45, 19...; that I last saw him alive on 7/29/45, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia	3 days
Due to Acute nephritis	[illegible]
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 130	PHYSICIAN
Of autopsy NONE	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 Eugene T. Eby (M. D. or other)
Address Wabash Hospital Moberly Mo Date signed 7/29/45

1056 (Licensed Embalmer's Statement on Reverse Side) Home burial

AUG 23 1945

RECEIVED
District Health Officer No. 10
District File Number 8-45-1298
Date Filed AUG 16 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 D. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.