

FILED OCT 8 1945 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 32 Primary Registration District No. 5109

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Ballinger
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Life mostly (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Ballinger
(c) City or town Rural - near Patton
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANDREW J. Pitchford

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Sara Pitchford 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Oct 6 1867 (Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 1 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name William C Pitchford

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

14. Maiden name Martha Luster

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

16. (a) Informant Ben F. Pitchford

(b) Address 4820 Ladue St. Louis Mo.

17. (a) Burial (b) Date thereof 9/10/45 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centock Cemetery

18. (a) Signature of funeral director Walt & Holt

(b) Address Fredricktown Mo

19. (a) Sept 10/45 (b) Willie H. Danbury (Date received local register) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7 year 1945 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from mech 1945 to 9-7 1945

that I last saw him alive on Aug 27 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Asthma - bronchial Duration 24 w

Due to _____

Due to 450

Other conditions Cancer on lip (Include pregnancy within 9 months of death) 4 y w

Major findings: Operated some 24 w ago PHYSICIAN _____

Of operation: Valvular heart lesions

Of autopsy _____ 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) (c) Means of injury _____

23. Signature W. Harry Barron (M. D. or other) _____

Address Fredricktown Mo Date signed 9/10/45

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

RECEIVED

District Health Officer No. 4
District File Number 1045-1140
Date Filed 10-6-45

MAY 26 1946

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.....

S. L. (Bill) Duncan, Registered Apprentice No. 390
working under my personal supervision.

Signed John H. Holt

Licensed Embalmer No. 4264

P. O. Address Fredricksburg

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.