S. No. 2
M—5-43
V. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 26 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30329

Registration District No. 59 Primary Registration District No. 4098 Registrar's No.

1. PLACE OF DEATH:
(a) County: Cass
(b) City or town: Belton
(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 (Specify whether years, months or days)
In this community: 56 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Cass 19
(c) City or town: Belton, Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No. 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: ROMULUS PITTS
3. (b) If veteran, name war: No
3. (c) Social Security No.: none
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Nancy Ann Pitts
6. (c) Age of husband or wife if alive: 90 years
7. Birth date of deceased: Oct. 4, 1851 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
93	11	9	hr. min.

9. Birthplace: Casey Co., Ky. / (City, town, or county) (State or foreign country)
10. Usual occupation: Farming
11. Industry or business:
FATHER
12. Name: John Pitts
13. Birthplace: North Carolina / (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Mary Ann Dameron
15. Birthplace: Casey Co., Ky. / (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Kathryn Grisham
(b) Address: Belton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/16/'45 (Month) (Day) (Year)
(c) Place: burial or cremation: West Union Cemetery
18. (a) Signature of funeral director: E. K. Yeager Sons
(b) Address: Belton, Mo
19. (a) Sept. 17-45 (Date received local registrar) (b) Laura J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep day 13 year 1945 hour 9.36 minute A.M.
21. I hereby certify that I attended the deceased from Dec 16 44, 19, to Dec 13, 1944; that I last saw him alive on June 6 1945; and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic Pneumonia — Duration
Wuih a Myocardial lesion
Due to
Due to
Other conditions
* (Include pregnancy within 3 months of death)
Major findings:
Of operations
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? (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 0
23. Signature: R. M. Miller (M. D. or other)
Address: Belton Mo Date signed 9-14-45

1433 (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 Richard E. George

Licensed Embalmer No. 3958

P. O. Address Belton, 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.