

FILED JAN 14 1946

Registration District No. 2

Primary Registration District No. 5010

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Rural Benton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
near Rosendale
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 83 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Single FRANCES PITTMAN

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

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced w-71
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Feb 20 1862
(Month) (Day) (Year)

8. AGE: Years 83 Months 10 Days 3
If less than one day hr. _____ min. _____

9. Birthplace Andrew Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Richard Pittman
13. Birthplace Andrew Co MO
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Silence
15. Birthplace no record no record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Forrest C. Levens
(b) Address Rosendale MO

17. (a) B. (b) Date thereof 12-26-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Savannah

18. (a) Signature of funeral director E. C. Breit

(b) Address Savannah MO

19. (a) 12-25-45 (b) William Sparks
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 23
year 1945 hour 1 minute 40 p.m.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration 1 week

Due to _____

Due to _____

Other conditions no
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
10/6

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature W. J. O'Malley (M. D. or other)
Address Savannah, Missouri Date signed 12-29-45

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

RECEIVED

District Health Officer No. 11,

District File Number _____

Date Filed _____

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.