S. No. 2
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19882

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 1946

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 76 Primary Registration District No. 5348 Registrar's No. 41

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

**1. PLACE OF DEATH:**

(a) County Dallas

(b) City or town "Rural" Grant Twp.
(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
In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Dallas 30

(c) City or town "Rural" 0
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D.#1, Urbana, Mo. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Almos Fountain Pitts

3. (b) If veteran, name war none

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 Leona Edna Pitts

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased August (Month) 13 (Day) 1882 (Year)

8. AGE: Years 63 Months 10 Days 10 If less than one day hr. min.

9. Birthplace Dallas County (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation farmer

11. Industry or business

FATHER
12. Name William F. Pitts 0
13. Birthplace Elkton (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Mathilda Hale
15. Birthplace (City, town, or county) Tenn. (State or foreign country) /

16. (a) Informant Mrs. Leona Edna Pitts
(b) Address R. F. D. #1, Urbana, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof June (Month) 26 (Day) 1946 (Year)
(c) Place: burial or cremation Curdginton Cemetery

18. (a) Signature of funeral director Hutcheson-Turpin
(b) Address Bolivar, Mo.

19. (a) 7-1-1946 (Date received local registrar) (b) Grace Patrick (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 23
year 1946 hour 11 minute 40 A.M.

21. I hereby certify that I attended the deceased from May 15, 1946, to June 23, 1946
that I last saw him alive on , 1946
and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Due to Labor Pneumonia | 3 day |
| Due to Cerebral Hemorrhage | 3 weeks |

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 100

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 L. A. Gloss (M. D. or other) MD
Address Urbana, Mo. Date signed 6/24/46

80

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
[illegible]
[illegible] 6-46-667
Date Filed 7-3-46

## 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 [illegible]

Licensed Embalmer No. 3053

P. O. Address Bolivar, 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.**