

S. S. ...  
v. 5-17-39  
I X36671

**FILED** SEP 6 1946

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 160

1. PLACE OF DEATH:

(a) County Dunklin  
(b) City or town Kennett  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Presnell Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community lifetime  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot  
(c) City or town Deering  
(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 Billy Franklin Pitts

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if

7. Birth date of deceased: October 25, 1943  
(Month) (Day) (Year)

8. AGE: Years 2 Months 9 Days 23 If less than one day hr. min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name William Pitts

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

14. Maiden name Abernathy

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

16. (a) Informant Mrs. Hush Holland

(b) Address Kennett, Mo

17. (a) Burial (b) Date thereof 8-22-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Oak Ridge

18. (a) Signature of funeral director Paul Salomon

(b) Address Kennett, Mo

19. (a) 8-26-46 (b) Earl Hubbard  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18th  
year 1946 hour 8 minute 45A M.

21. I hereby certify that I attended the deceased from 8-18, 1946, to 8-18, 1946  
that I last saw him alive on 8-18, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Hemorrhage into brain  
Due to Fracture Skull  
Concussion

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy 1700  
8  
27

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 35

(b) Date of occurrence 8-18-46

(c) Where did injury occur Kennett, Dunklin Co.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Highway  
(Specify type of place)

While at work? No (e) Means of injury Auto

23. Signature L. C. Wilson (M. D. or other) Physician

Address Kennett, Mo Date signed 8-22-46

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

5  
2  
12

90

Call. with parked car truck

RECEIVED

District Health Office No. 2,

District File Number 946-1048

Date Filed 9-3-46

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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.....

Henry F. Remonda....., Registered Apprentice No. 415,  
working under my personal supervision.

Signed R. Palmer.....

Licensed Embalmer No. 2556-

P. O. Address Kennett, 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.