

No. 2  
M-543  
v. 5-17-39  
P I X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

**FILED AUG 20 1946**

Registration District No. 2001

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County Jasper

(b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Johns Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 1/2 days  
(Specify whether years, months or days)

In this community 42 years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jasper **40**

(c) City or town Rural **15**  
(If outside city or town limits, write "RURAL")

(d) Street No. Webb City, R#1, Box 167 **1**  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Henry E. Pettigrew

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

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 24  
year 1946 hour 1 minute 34 A M.

21. I hereby certify that I attended the deceased from July 20  
1946 to July 24 1946  
that I last saw him alive on 24 July 1946  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rose Pettigrew 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 27 1864  
(Month) (Day) (Year)

Immediate cause of death Coronary Arterial Sclerosis **Unknown**

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

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

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

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>11</u>	<u>27</u>	hr. _____ min. _____

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

10. Usual occupation Retired Grocer

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

MOTHER { 12. Name Unknown **9**

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

14. Maiden name " " **9**

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

**PHYSICIAN**

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 1310

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Rose Pettigrew

(b) Address Webb City, Mo., R#1, Box 167

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-26-46  
(Month) (Day) (Year)

(c) Place: burial or cremation Forest Park

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? \_\_\_\_\_

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 7-28-46 (Date received local registrar) (b) C. D. Jones (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature W. S. ... (M. D. or D. O.) **MD**

Address 618 1/2 Main St Date July 28 1946

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

26340

+ 6-7-674

AUG 29 1946

MAR 20 1957

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 *F. M. Jones*.....

Licensed Embalmer No. *2319*.....

P. O. Address *Joplin 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.