

No. 2  
-12-45  
5-17-39  
1 X47070

Registration District No. FILED SEP 26 1948

Primary Registration District No. 3000

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

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution:  
Grinn-Smith  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days  
In this community 11 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Pagitt Hilda

3. (b) If veteran, name war NO

3. (c) Social Security No. none

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife: none

6. (c) Age of husband or wife if alive NO years

7. Birth date of deceased March 3 1899  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

47 6 2 X hr. X min.

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

10. Usual occupation None

11. Industry or business XXX

MOTHER FATHER { 12. Name Wm Pagitt

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

14. Maiden name Katherine Petter

15. Birthplace Schuyler Co MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Lewis Pagitt

(b) Address Jarcastal MO

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

(c) Place: burial or cremation Arnie

18. (a) Signature of funeral director P. J. Harlow

(b) Address Jarcastal MO

19. (a) 9-9-46 (b) Hate Lambert  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler MO

(c) City or town Queen City, Missouri  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 5  
year 1946 hour 7 minute 15 A. M.

21. I hereby certify that I attended the deceased from 8/23/46  
\_\_\_\_\_ 19\_\_\_\_\_ to 9/5/46 19\_\_\_\_\_

that I last saw her alive on 9/3/46 19\_\_\_\_\_

and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolus

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

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: 126  
Of operations Cholecystotomy - stones

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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 J. J. Harlow (M. D. or other) MO

Address Kiskadee, Mo. Date signed 9/5/46

RECEIVED  
District Health Officer No. 10  
District File Number 9.46.1754  
Date Filed SEP. 20. 1946

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 \_\_\_\_\_  
*P. O. Fenton*

Licensed Embalmer No. *3705*

P. O. Address *Jonestown MA*

**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.