S. No. 2
M—5-43
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I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 10 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37433

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

49
2
5

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: 1407 West 9th. Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community All Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1407 West 9th. Street 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Robert Payton Kittrell
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 married
6. (b) Name of husband or wife Frances
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased August (Month) 29 (Day) 1871 (Year)

8. AGE: Years 75 Months 2 Days 2 If less than one day hr. min.

9. Birthplace Loudon County (City, town, or county) Tennessee (State or foreign country)
10. Usual occupation Mine Operator
11. Industry or business
FATHER
12. Name Granville Kittrell
13. Birthplace (City, town, or county) Tennessee (State or foreign country)
MOTHER
14. Maiden name Grizzie Blankenship
15. Birthplace (City, town, or county) Tennessee (State or foreign country)
16. (a) Informant Mrs. Frances Kittrell
(b) Address 1407 West 9th. St. Joplin, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov (Month) 2 (Day) 1946 (Year)
(c) Place: burial or cremation Fairview Cemtery
18. (a) Signature of funeral director hornhill-Dillon
(b) Address 305 West Fourth Street
19. (a) 11-4-46 (Date received local registrar) (b) Ed D Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31 year 1946 hour 3 minute 30 AM
21. I hereby certify that I attended the deceased from Aug 1, 1946, to Oct 31, 1946 that I last saw him alive on Oct 25, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Ambulant Fever	1 Year
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 5

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
23. Signature H Lillehur (M. D. or other)
Address Joplin Mo Date signed 11-7-46

(Licensed Embalmer's Statement on Reverse Side)

46-11-970

JUN 14 1950

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.....David Hillon.....

Licensed Embalmer No.....3898.....

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.