

FILED JAN 13 1947

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5521

1. PLACE OF DEATH:  
(a) County JACKSON  
(b) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5741 VIRGINIA AVENUE  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 1 YEAR  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State KANSAS (b) County MARION 99  
(c) City or town FLORENCE 14  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) 32  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MADGE E. HART PETTITE  
(b) If veteran, name war NO  
(c) Social Security No. DONE

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month DEC day 31 1946  
year 1946 hour 1 minute 20 A M.

4. Sex FEMALE vs. Color or race WHITE  
6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife DR GEORGE PETTITE  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased OCT 7 - 1860  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 30 1946, to Dec 31 1946  
that I last saw her alive on Dec 30 1946  
and that death occurred on the date and hour stated above.  
Immediate cause of death Hypostatic Pneumonia lobar 24 hours  
Duration

8. AGE: Years Months Days If less than one day  
86 2 24 hr. min.

Due to Weakened ~~from~~ and kidneys from chronic operations 2 mos  
Due to \_\_\_\_\_

9. Birthplace JASPER CO. IOWA  
(City, town, or county) (State or foreign country)

Other conditions Senility  
(Include pregnancy within 3 months of death)

10. Usual occupation AT HOME

Major findings: 108  
Of operations \_\_\_\_\_

11. Industry or business CYRUS  
12. Name CYRUS  
13. Birthplace PENNSYLVANIA  
(City, town, or county) (State or foreign country)

Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

14. Maiden name HELEN DUFF  
15. Birthplace PENNSYLVANIA  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. ROY G. NORRIS  
(b) Address 5741 VIRGINIA

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? \_\_\_\_\_

17. (a) BURIAL (b) Date thereof JAN 2 - 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation MT. MORIAH CEMETERY

18. (a) Signature of funeral director D. H. Heiser  
(b) Address 1401 BRUSH CREEK BLDG.  
19. (a) 1-31-46 (Date received local registrar)  
Geraldine Holmes (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 0  
23. Signature J. W. Bransford, M.D. (M. D. or other)  
Address 352 Broadway R.C. Mo. Date signed 1/31-46

**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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address Kemo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**