

Registration District No. **30** Primary Registration District No. **5101**

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

1. PLACE OF DEATH:

(a) County **Benton**

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

(c) Name of hospital or institution **NONE**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JACKSON**

(c) City or town **KANSAS CITY**
(If outside city or town limits, write "RURAL")

(d) Street No. **2843 Troost**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **HENRY SHELDON PITTMAN**

3. (b) If veteran, name war **Merchant marine**

3. (c) Social Security No. **487-26-5334**

4. Sex **MALE** **5. Color or race** **W**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **Inez Pittman**

6. (c) Age of husband or wife if alive **43** years

7. Birth date of deceased **Nov 26 1906**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
40	9	17	hr. min.

9. Birthplace **Derby Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Steamfitter**

11. Industry or business _____

12. Name **Harvey Pittman**

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

14. Maiden name **Minnie Roster**

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

16. (a) Informant **Inez Pittman**

(b) Address **2843 Troost**

17. (a) Burial (b) Date thereof **Sept 17, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill**

18. (a) Signature of funeral director **Funeral Home**

(b) Address **Warsaw**

19. (a) Sep-19-1947 (b) **Geo. A. Logan**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION:

20. DATE OF DEATH: Month **Sept** day **13**
year **1947** hour **1** minute **00 P.M.**

21. I hereby certify that I attended the deceased from **never** 19. to **never** 19. _____

that I last saw him alive on **never** 19. _____
and that death occurred on the date and hour stated above.

Immediate cause of death **drowning**
accidental apparently

Duration _____

Due to _____

Due to _____

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

Major findings:

Of operations _____

Of autopsy _____

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) **accidental apparently**

(b) Date of occurrence **9-13-1947**

(c) Where did injury occur? **in bed Warsaw Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **bed of operator**

(Specify type of place) _____

While at work _____ **(e) Means of injury** _____

23. Signature **Reserth (Caroner)** (M. D. or other) _____

Address **Call Camp Mo** **Date signed** **9-16-47**

RECEIVED
DISTRICT HEALTH OFFICER NO. 7,
DISTRICT NO. 8.47-1132
Date Filed 9-24-47

NOV 26 1947

OCT 3 1947

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 John E. Rosen
Licensed Embalmer No. 4098
P. O. Address Warsaw

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.