

S. No. 2
DM-543
v. 5-17-39
I X36571

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 9 1947
F28

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30976

Registration District No. Primary Registration District No. 5466 Registrar's No. 839

1. PLACE OF DEATH: GREENE
(a) County Rural - S. Campbell Twp.
(b) City or town
(c) Name of hospital or institution: OZARK OSTEOPATHIC HOSPITAL
(d) Length of stay: In hospital or institution 3 days
In this community 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Webster 112
(c) City or town Seymour
(d) Street No.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME James Riley Pitchford
(b) If veteran, name war Unknown
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 22
year 1947 hour 10:35 minute A.M.
21. I hereby certify that I attended the deceased from 9-19-47
to 9-22-47

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lee Pitchford
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased April 3 1874

that I last saw him alive on 9-22-47
and that death occurred on the date and hour stated above.
Immediate cause of death: Bullet wound fracture

8. AGE: Years 73 Months 5 Days 19

Due to
Due to
Other conditions
Major findings: 1/8 lb
15 lb

9. Birthplace Wright County Mo.
10. Usual occupation Farmer

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business
12. Name Dess Pitchford
13. Birthplace Wright County Mo.
14. Maiden name Jane Offord
15. Birthplace Unknown

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 112
(b) Date of occurrence 9-19-47
(c) Where did injury occur? Seymour Webster Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
full from roof of home
While at work? Yes (e) Means of injury fall
23. Signature R.A. Michael M. Embaler
Address Springfield Date signed Mo 2

16. (a) Informant Mrs. Verbal Johnson
(b) Address Dearborn, Michigan 24-47
17. (a) Mt. Zion (b) Date thereof Unknown
(c) Place: burial or cremation Mt. Zion 9-24-47
18. (a) Signature of funeral director Kelley Ferrell Bergman
(b) Address Seymour Mo
19. (a) 9-26-47 (b) W.E. Handley M.D. Registrar's signature

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

STATE OF ILLINOIS

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 K. K. Kelley
Licensed Embalmer No. 3334
P. O. Address Hardland 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.