S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31851

FILED OCT 7 1947

Registration District No. 2476

Primary Registration District No. 4322

Registrar's No. 70

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

1. PLACE OF DEATH:
(a) County Mercer
(b) City or town Princeton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Lambert Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community All life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Missouri 65
(c) City or town Princeton 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James Manroe Pittman
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 5 (Day) 1868 (Year)

8. AGE:

Years	Months	Days	If less than one day
79	6	12	hr. min.

9. Birthplace Mercer County, Missouri. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
FATHER
12. Name Salem Ma nroe Pittman
13. Birthplace Tenn. 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Nancy I England
15. Birthplace Illinois 1
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Mary Fugit
(b) Address Wichita, Kansas.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 18, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Foglema n Cemetery
18. (a) Signature of funeral director J. Stoklasa
(b) Address Cainsville, Missouri.
19. (a) 9-23-47 (Date received local registrar) (b) M. J. Ruth Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 17th year 1947 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...; that I last saw him alive on ..... 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Terminal Pneumonia	4 days
Due to Congestive Heart Failure	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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 0

23. Signature Marian Lambert (M. D. or other)
Address Princeton, Missouri. Date signed 9/18/47

Jefferson City Printing Co. 2/2 (Licensed Embalmer's Statement on Reverse Side)

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 Eddie J. Stoklasa, Registered Apprentice No. ____, working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 3602

P. O. Address Cainsville, Missouri.

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.