

National Office of Vital Statistics  
**FILED MAR 18 1948**

Registration District No. **26**

Primary Registration District No. **5906**

Registrar's No. **7**

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

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

3. (a) PRINT FULL NAME **CLARENCE PITTMAN**  
 3. (b) If veteran, name war: **NONE**  
 3. (c) Social Security No. **NONE**

4. Sex **Male** 5. Color or race **Colored**  
 6. (a) Single, widowed, married, divorced **1**  
 6. (b) Name of husband or wife **Lula Pittman** 6. (c) Age of husband or wife if alive **51** years  
 7. Birth date of deceased **Unknown**  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**About 58** hr. min.

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

10. Usual occupation **Farm Work**

11. Industry or business

12. Name **Unknown**

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

14. Maiden name **"**  
 (City, town, or county) (State or foreign country)

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

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

(b) Address **Wardell, Mo**

17. (a) **Burial** (b) Date thereof **12-16-48**  
 (Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation **St Paul Cem. Wardell, Mo**

18. (a) Signature of funeral director **Valkalla Fuvera**  
 (b) Address **105 E Washington Hayti, Mo**

19. (a) **Nov 9 1948** (b) **Mrs H. Sullet**  
 (Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **December** day **11th**  
 year **1947** hour **11** minute **00 A** M.

21. I hereby certify that I attended the deceased from **12-7-1947** to **12-11-1947**  
 that I last saw him alive on **12-7-1947**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia**  
 Duration  
 Due to  
 Due to  
 Other conditions (include pregnancy within 3 months of death)  
 Major findings:  
 Of operations  
 Of autopsy

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?  
 While at work? (Specify type of place)  
 (e) Means of injury

23. Signature **J L Masters** (M.D. or other)  
 Address **Hayti Mo** Date signed **12-12-47**

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

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

MOTHER FATHER

3-48-91

NOV 23 1950

MAR 19 1948

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 H. German  
Licensed Embalmer No. 4355  
P. O. Address 105 E Washington Hwy to

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.