S. No. 300
M—10-47
ev. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 17 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15856

Registration District No. 98 | Primary Registration District No. 5367 | Registrar's No. 41

1. PLACE OF DEATH:
(a) County: Daviess
(b) City or town: "Rural" Monroe Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Died in Ambulance enroute to Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution --
(Specify whether years, months or days)
In this community ---

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

3. (a) PRINT FULL NAME: Emmett Sterling Pittman
3. (b) If veteran, name war: None
3. (c) Social Security No. 488-14-5858
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Laura Esther Pittman
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: February (Month) 17 (Day) 1897 (Year)
8. AGE: Years 51 | Months 2 | Days 18 | If less than one day hr. min.
9. Birthplace: Harrison County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Agent
11. Industry or business: Wabash Railroad
FATHER
12. Name: Marion Alexander Pittman
13. Birthplace: Mirable (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name: Anna Malissa Williams
15. Birthplace: UNKNOWN (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Laura Pittman
(b) Address: Gallatin Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-7-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Brown Cemetery
18. (a) Signature of funeral director: Hope Funeral Home
(b) Address: Gallatin, Missouri
19. (a) 13 May 1948 (Date received by local registrar) (b) Virgina M. Engelbert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5 year 1948 hour 11 minute A. M.
21. I hereby certify that I attended the deceased from May 1, 1948 to May 5, 1948 that I last saw him alive on May 5, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Respiratory Paralysis due to	
Due to: Acute Alcoholism	27 days
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)
(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
23. Signature: Floyd E. Nelson (M. D. or other)
Address: Gallatin, Mo. Date signed 5-6-48

(Licensed Embalmer's Statement on Reverse Side)

JUN 24 1946

FEB 26 1958

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 L. O. Dickerson

Licensed Embalmer No. 3302

P. O. Address Fallatin 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.