

S. No. 300
OM-10-47
Rev. 5-17-39
I 3908

State File No. 16636
Registrar's No. 159

FILED JUN 4 1948
Registration District No. 746

Primary Registration District No. 5568

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural (Blue)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Rt #3 Blue Springs Road 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 years
years, months or days

3: (a) PRINT FULL NAME Charles S. Pettitt

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nannie L. Pettitt

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Oct 26, 1869
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 27
If less than one day hr. _____ min. _____

9. Birthplace Union Mills Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer.

11. Industry or business _____

12. Name Hiram A. Pettitt

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Laura Johnson

15. Birthplace Ind. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nannie L. Pettitt

(b) Address Rt. #3 Independence, Mo.

17. (a) Burial (b) Date thereof May 26, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridgeley Mo

18. (a) Signature of funeral director William L. Tashy

(b) Address Independence Mo

19. (a) 5-26-48 (b) James C. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Rural Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Blue Springs Road 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1948 hour 9 minute 35 P.M.

21. I hereby certify that I attended the deceased from 5-11-48
19____ to 5-24-48 19____
that I last saw him alive on 5-24-48 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to Cerebral hemorrhage 2 wks

Due to Malignant Hypertension 1 yr

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

PHYSICIAN _____

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature C. M. Bernick M. D. or other _____
Address Logan Creek, Mo Date signed 5-25-48

AUG 21 1951

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 _____

Walter A. DeGard, Registered Apprentice No. 31
working under my personal supervision.

Signed _____

Walter L. Kopy
Licensed Embalmer No. 4225

P. O. Address Indep. 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.