S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17238

FILED JUN 2 1948

Registration District No. 2 4

Primary Registration District No. 3056

Registrar's No. 141

1. PLACE OF DEATH:
(a) County Rand
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Rand. 88
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 725 1/2 S Sixth 6
(If rural, give location) 3
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Dimple Pettigrew

3. (b) If veteran, name war ✓ | 3. (c) Social Security No. ✓

4. Sex Fem 3 | 5. Color or race Col | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Orea Pettigrew | 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased March (Month) 1 (Day) 95 (Year)

8. AGE: Years 53 | Months 2 | Days 21 | If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Pete Bowman
13. Birthplace ..... (City, town, or county) Mo (State or foreign country) 0

MOTHER
14. Maiden name Ion (Dont know)
15. Birthplace ..... (City, town, or county) " " (State or foreign country) 9

16. (a) Informant George Pettigrew
(b) Address 725 1/2 S. Sixth St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-25-48 (Month) (Day) (Year)
(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director R. L. Carr
(b) Address Moberly Mo

19. (a) 5-25-48 (Date received local registrar) (b) Leah Williams Lowe (Registrar's signature) 7/04

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1948 hour 100 minute a M.

21. I hereby certify that I attended the deceased from Sept 15, 1947, to May 21, 1948
that I last saw her alive on May 21, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	8 mos
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

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 R V Dicyer (M. D. or other) MD
Address Huntsville Mo Date signed 5/24/48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-48-966
Date Filed JUN 1 - 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 Robert L. Carr

Licensed Embalmer No. 3190

P. O. Address Moberly 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.