

No. 2
1-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 22 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18649

State File No. _____

Registration District No. 20

Primary Registration District No. 5083

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Bates - MOUND TWP -

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

(c) Name of hospital or institution: _____
6 miles North on Highway 71 3
(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

3. (a) PRINT FULL NAME Johnnie Marion Pittman

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex OM 5. Color or race W

6. (a) Single, widowed, married, divorced M 9

6. (b) Name of husband or wife _____

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

7. Birth date of deceased 8 18 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

49	9	25	hr. _____ min.
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9. Birthplace Butler Alabama
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business _____

12. Name L.M. Pittman

13. Birthplace _____ Alabama
(City, town, or county) (State or foreign country)

14. Maiden name Mary M Williams

15. Birthplace _____ Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant J D Pittman

(b) Address Jackson Miss.

17. (a) Removal (b) Date thereof: 6-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Memorial

18. (a) Signature of funeral director Butler, Missouri

(b) Address _____

19. (a) 6-14-48 (b) Myra Owens
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mississippi (b) County 999

(c) City or town Jackson 22
(If outside city or town limits, write "RURAL") 0

(d) Street No. 809 Evergreen Street 2
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13th
year 1948 hour 12 minute 30 AM

21. I hereby certify that I attended the deceased from _____ to _____
Dead on Arrival

that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: Multiple Fractures of Skull and face

Due to _____

Due to _____

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

Major findings: 1700's
Of operations _____

Of autopsy: no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 7

(b) Date of occurrence June 13/48

(c) Where did injury occur? 6 miles North Butler Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on Highway #71

(Specify type of place) Car accid
While at work? (Specify type of place) (Means of injury) dent.

23. Signature John G Underwood (M. Coroner)

Address Butler Missouri Date signed 6-13-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

(Licensed Embalmer's Statement on Reverse Side)

Call. With Mr. J. Bell.

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

RECEIVED

District Health Officer No. 7

District File Number 5-48-670

Date Filed 6-21-48

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.....

Robert G. Steinbeck

....., Registered Apprentice No. 200

working under my personal supervision.

Signed.....

John Andrewson

Licensed Embalmer No. 3585

P. O. Address Buettler 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.