

1. PLACE OF DEATH:

(a) County Dunklin  
(b) City or town Haller, Rural Ind.  
(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 \_\_\_\_\_ (Specify whether  
In this community 19 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin  
(c) City or town Haller  
(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

J B Pitman

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male / 5. Color or race Col  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased May 12 1908  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 0 19 hr. min.

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

10. Usual occupation Child

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Alex Pitman  
13. Birthplace Berkeley Mass  
(City, town, or county) (State or foreign country)  
14. Maiden name Rizzie Ramsay  
15. Birthplace Pa  
(City, town, or county) (State or foreign country)

16. (a) Informant Alex Pitman  
(b) Address Haller Mo

17. (a) Burial (b) Date thereof 6-1-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Steele Mo

18. (a) Signature of funeral director Wm J Family  
(b) Address Haller Mo

19. (a) 6-16-1948 (b) Carl Thushurst  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12  
year 1948 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from  
DEAD ON EXAM. 19\_\_\_\_  
that I last saw h alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death RESPIRATORY FAILURE Duration 2 days

Due to Prematurity & MALNUTRITION  
Due to MATERNAL WRAKINGS

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations 139  
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? \_\_\_\_\_

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

23. Signature E. L. Taylor (M. D. or other) M.D.  
Address Steele, Mo. Date signed June 18

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

RECEIVED

District Health Office No. 2,

District File Number 648-723

Date Filed 6-19-48

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.....

was not Emb..... Registered Apprentice No.....  
working under my personal supervision.

Signed..... John W. Herman

Licensed Embalmer No. 4355

P. O. Address Stuyvesant, N.Y.

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.