

FILED JUN 21 1948

State File No. _____

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 79

1. PLACE OF DEATH:

(a) County Warren
 (b) City or town Central Washington Sup.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: State Hospital #32
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 1/2 Mo 14 days
 In this community 3 years 11 months 12 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Barren
 (c) City or town Madison City 6
 (If outside city or town limits, write "RURAL")
 (d) Street No. ✓
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? ✓ years.

3. (a) PRINT FULL NAME R. W. PITTS

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Mar

6. (b) Name of husband or wife Mary Hayden 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased 9-12-1861
 (Month) (Day) (Year)

8. AGE: Years 86 Months 8 Days 21 If less than one day hr. min.

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

10. Usual occupation Watchmaker

11. Industry or business _____

MOTHER FATHER { 12. Name John Pitts
 13. Birthplace Mo. N. C. Ill (City, town, or county) (State or foreign country)
 14. Maiden name Mary Ann Dawson
 15. Birthplace Ky. (City, town, or county) (State or foreign country)

16. (a) Informant Hospital record
 (b) Address Madison, Mo.

17. (a) Burial (b) Date thereof 6-5-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Zion Burial Park

18. (a) Signature of funeral director Charles J. Ziemer
 (b) Address Madison, Mo.

19. (a) 6-5-48 (b) Kathryn Hayden
 (Date received local registrar) (Registrar's signature) 3211

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
 year 1948 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from 4-14-48 to 6-3-48
 and that death occurred on the date and hour stated above.

that I last saw him alive on 6-3-48
 and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic heart disease Duration _____

Due to senile deterioration

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? _____

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

23. Signature R. W. Hall (M. D. or other) 6/5/48
 Address Madison Mo Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK

RECEIVED

District Health Officer N

District File Number 5-48-

Date Filed 6-18-40

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 Mark Eichinger

Licensed Embalmer No. 265

P. O. Address Nevada

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, above space should be left blank.