

Registration District No. 86Primary Registration District No. 5323

Registrar's No.

1. PLACE OF DEATH:

(a) County Crawford
 (b) City or town Cuba, Mo. R. R. # 3
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
8 Miles S. W. of Cuba, Mo.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution At Home
(Specify whether
 In this community Life
years, months or days)

3. (a) PRINT FULL NAME Linda Pitts

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Infant
 6. (b) Name of husband or wife Infant 6. (c) Age of husband or wife if alive 14 years
 7. Birth date of deceased 7 (Month) 14 (Day) 1948 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>11</u> hr. <u>30</u> min.

9. Birthplace Crawford County Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Infant11. Industry or business XXXXXXXXXXXXXXXXXXXXXXXXXX12. Name George D. Pitts13. Birthplace Cook Station, Missouri
(City, town, or county) (State or foreign country)14. Maiden name Pearl Mae Fierce15. Birthplace Cuba Missouri
(City, town, or county) (State or foreign country)16. (a) Informant George D. Pitts(b) Address R. R. # 3, Cuba, Mo.17. (a) Burial (b) Date thereof 7 16 1948
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Oak Ridge Cemetery18. (a) Signature of funeral director Shanklin Funeral Home(b) Address Cuba, Mo.19. (a) 7-16-48 (b) J. P. Shanklin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri Crawford 28
 (a) State (b) County
 (c) City or town Cuba, Mo., Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. R. R. # 3
8 Miles S. W. of Cuba, Mo.
(Rural - no location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
year 1948 hour 10 minute A. M.21. I hereby certify that I attended the deceased from July 14 / 1948 to July 15 / 1948
that I last saw her alive on July 14 / 1948
and that death occurred on the date and hour stated above.Immediate cause of death atelectasis Duration 0Due to blockning of bronchial tube

Due to

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations 16/16

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 St. James, Mo. (M. D. 7-16-48)Address St. James, Mo. Date signed 7-16-48

~~Date Filed 7-26-48~~
~~District File Number 748476~~
District Health Officer No. 48
RECEIVED 7-20-48

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.....

James R. Chapman, Registered Apprentice No. *#2*
working under my personal supervision.

Signed

[Signature]
Licensed Embalmer No. *3472*

P. O. Address *Cuba, 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.