

FILED SEP 13 1948  
Registration District No. ....

Primary Registration District No. 3021

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

1. PLACE OF DEATH:

(a) County Brundy

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

(c) Name of hospital or institution: 1611 E. 9th St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 37 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Brundy

(c) City or town Jrenton  
(If outside city or town limits, write "RURAL")

(d) Street No. 1611 E. 9th  
(If rural, give location)

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

If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME LEAH CATHERINE PETTEGREW

3. (b) If veteran, name war: \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31  
year 1948 hour \_\_\_\_\_ minute 10:05 A.M.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Unwed

6. (b) Name of husband or wife James Riley Pettegrew

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

7. Birth date of deceased April 18 1866  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1947 to Aug 31 1948  
but I last saw him alive on Aug 30 1948  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>4</u>	<u>13</u>	hr. _____ min. _____

Immediate cause of death: Myocardial infarction  
relational hypertension

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

10. Usual occupation Housekeeper

11. Industry or business Home

12. Name John W. Clemens

13. Birthplace Unknown Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Ann Pettegrew

15. Birthplace Unknown Pennsylvania  
(City, town, or county) (State or foreign country)

16. (a) Informant L. Pettegrew

(b) Address Jrenton Mo.

17. (a) Rural (b) Date thereof Sept 27 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seymour Ia.

18. (a) Signature of funeral director Raymond A. Davis

(b) Address Jrenton Mo.

19. (a) 9/21/48 (b) Francis J. ...  
(Date received local registrar) (Registrar's signature)

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

Major findings: A 2 B

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Jrenton Mo. Date signed 9/1/48

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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.....  
..... myself ..... Registered Apprentice No.....  
working under my personal supervision.

Signed..... Walter E. Mayer .....  
Licensed Embalmer No. 4498 .....  
P. O. Address..... Trenton, 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.