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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31945**

FILED NOV 10 1948

Registration District No. \_\_\_\_\_

Primary Registration District No. **3004**

Registrar's No. **67**

1. PLACE OF DEATH:

(a) County **Barren**  
(b) City or town **Lamas**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Circus Grounds Lamas Mo**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Isaac Thurman Petitt**

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

4. Sex **MALE** 5. Color or race **WHITE** 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 20, 1930**  
(Month) (Day) (Year)

8. AGE: Years **18** Months **5** Days **2** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Grayson Co., Kentucky**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Labour**

11. Industry or business **Circus Employee**

MOTHER FATHER { 12. Name **W. W. Petitt**  
13. Birthplace **Virginia**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Fay Green**  
15. Birthplace **Grayson Co., Kentucky**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. W. W. Petitt**  
(b) Address **Leitchfield, Kentucky**

17. (a) Removal **XXXX** (b) Date thereof **10-29-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Leitchfield, Ky. Vernon Cemetery**

18. (a) Signature of funeral director **W. W. Petitt**  
(b) Address **Springfield, Mo.**

19. (a) **NOV 1 1948** (b) **Marie Kanapka**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kentucky** (b) County **Grayson** **999**  
(c) City or town **Leitchfield, Kentucky** **150**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) **2**  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **22**  
year **1948** hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **saw**  
**him dead**, 19 **Oct 22**, 19**48**  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **Internal hemorrhage due to laceration of left & right lung, laceration of spleen**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_  
Of autopsy **as above**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **Suspected homicide**  
(b) Date of occurrence **10/22/48**  
(c) Where did injury occur? **Lamas, Barren Mo**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Circus grounds**  
While at work \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(e) Means of injury **unknown**

23. Signature **Lloyd Babbatt** (M. D. or other) \_\_\_\_\_  
Address **Springfield, Mo** Date signed **10/28/48**

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

RECEIVED

District Health Officer No. 6,

District File Number 1148-1261

Date Filed 11-8-48

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.....

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

Signed Max Rhodes

Licensed Embalmer No. 4071

P. O. Address Springfield

**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.