

FILED NOV 9 1948

State File No. 32256

Registration District No. _____

Primary Registration District No. 5789

Registrar's No. 89

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 miles west Miller ville /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Entire Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cape Girardeau
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 2 miles west Miller ville
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FANNIE I. PITTMAN

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife John Pittman 6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased July 16 - 1879
(Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 7 If less than one day hr. _____ min. _____

9. Birthplace near Miller ville Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER { 12. Name John Green

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

14. Maiden name Cordelia Estes

15. Birthplace near Marble Hill Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Harry L. Ford

(b) Address Miller ville Mo.

17. (a) Burial (b) Date thereof 10-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Russell Heights

18. (a) Signature of funeral director R. Miller

(b) Address 10-25-48

19. (a) (Date received local registrar) (b) D. G. Suber
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23rd
year 1948 hour 1 minute 45 A.M.

21. I hereby certify that I attended the deceased from July 19 48 to October 22 48
that I last saw him alive on 10-22 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration _____

Due to Arteriosclerotic cardiovascular renal disease

Due to _____
Other conditions Fracture of femur 9-30-48
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 1/31/48

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 J. H. Trolinger, M.D. (M.D. or other) _____

Address J. H. TROLINGER, M.D. Date signed 10-25-48

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

RECEIVED

District Health Officer No. 4
District File Number 114.8-13
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 [Signature]

Licensed Embalmer No. 4727

P. O. Address [Signature]

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.

Registration District No. 52

Primary Registration District No. 5184

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Rural
(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 _____ years, months or days

3. (a) PRINT FULL NAME Fannie J. Pittman

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

4. Sex F 5. Color W race _____ 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased July 16 1877
(Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days _____ (Less than one day) _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (c) _____ (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (Date received local registrar) (b) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____ year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____ that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration _____

Due to _____

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) Accident

(b) Date of occurrence 27 Sept 1948

(c) Where did injury occur? Cape Girardeau Co. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home - farm - back steps

While at work? No (Specify type of place) (e) Means of injury Fall

23. Signature J. H. Trolinger (M. D. or other) _____

Address J. H. TROLINGER M. D. Date signed 11-15-48
JACKSON, MISSOURI

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

SUPPLEMENTARY 3

S-3225b