

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20405**

FILED JUL 8 1950

Registrar's No. **2785**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY OR TOWN Kansas City	c. LENGTH OF STAY (In this place) 35 years	c. CITY OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1		d. STREET ADDRESS (If rural, give location) 412 W. 11 St.	

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Alfred c. (Last) Pitzer			4. DATE OF DEATH (Month) (Day) (Year) 6 21 50		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH Oct. 23, 1895		9. AGE (In years last birthday) 54
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cab Driver		10b. KIND OF BUSINESS OR INDUSTRY Terminal Cab Co.	11. BIRTHPLACE (State or foreign country) Ottawa, Kansas		12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Hugh Pitzer	13b. MOTHER'S MAIDEN NAME Caroline Brein	14. NAME OF HUSBAND OR WIFE Betty Pitzer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	16. SOCIAL SECURITY NO. W. W. I 502-16-3234	17. INFORMANT'S SIGNATURE OR NAME Mrs. Tillie Feenev, 3329 Wyandotte

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		DUPLICATE			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		DUE TO (b) _____			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 20, 1950, to June 21, 1950, that I last saw the deceased alive on June 21, 1950, and that death occurred at 12:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE B. I. Burns (Degree or title)	23b. ADDRESS 24th & Cherry	23c. DATE SIGNED 6-21-50
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE June 23, 1950	24c. NAME OF CEMETERY OR CREMATORY National Cemetery
		24d. LOCATION (City, town, or county) (State) Ft. Leavenworth, Kans.

DATE REC'D BY LOCAL REG. 6-23-50	REGISTRAR'S SIGNATURE Sheraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Pauline and John	ADDRESS 20 W. Lindrod
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AUG 10 1957

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Forrest D. Coldsmo

Signed.....
Student Embalmer

Licensed Embalmer No. *4714*

P. O. Address *Kansas City, 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.