FILED FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

2730

State File No.

Registration District No. 362 Primary Registration District No. 5507 Registrar's No. 2.

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

**1. PLACE OF DEATH:** "Rural"

(a) County Hickory

(b) City or town Pittsburg No. Green

(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 years, months or days)

In this community 58 years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Hickory

(c) City or town Rural. Green

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

(d) Street No. Pittsburg Mo. 0

(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

**3. (a) PRINT FULL NAME** Lewis E. Pitts

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Son

5. Color or race Wht

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

6. (b) Name of husband or wife Fountain H. Pitts

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased July 8 1860 (Month) (Day) (Year)

8. AGE: Years 80 Months 6 Days 17 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name Calender L. Dennis

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

14. Maiden name Elizabeth Clary

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

16. (a) Informant Elmer T. Pitts

(b) Address Pittsburg, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 21 41 (Month) (Day) (Year)

(c) Place: burial or cremation Pittsburg Cemetery

18. (a) Signature of funeral director J. R. Lawler

(b) Address Wheatland Mo.

19. (a) Jan. 28 1941 (Date received local registrar) (b) John P. Dennis (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 20 year 1941 hour 4 p.m. minute 50 M.

21. I hereby certify that I attended the deceased from Jan 15 1941 to Jan 20 1941; that I last saw her alive on Jan 19 1941; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Cerebral Hemorrhage | 3 dy |
| Due to Acute Hypertension | 1 Yr |
| 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)

(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?

(e) Means of injury (Specify type of place)

23. Signature L. A. Rose (M. D. or other) M.D.

Address Urbana Mo Date signed 1/24/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 2-41-302
Date Filed 2-10-41

**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 J. R. Lucero

Licensed Embalmer No. 2982

P. O. Address Pueblo, Colo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**