

Registration District No. 19 JUL 15 1940

Primary Registration District No. 5221

Registrar's No. 19

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

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Pleasant Hill, Missouri
(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) 20
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days 3 30

3. (a) PRINT FULL NAME Ellen J Pettit

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

6. (b) Name of husband or wife Frank A Pettit 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 28 - 1872
(Month) (Day) (Year)

8. AGE: Years 66 Months 10 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Adair Co - Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER { 12. Name unknown 9

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

14. Maiden name unknown 1

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

16. (a) Informant Yellow Pettit

(b) Address Pleasant Hill

17. (a) Burial (b) Date thereof 6 28 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's

18. (a) Signature of funeral director W. H. No. 1149

(b) Address Pleasant Hill

19. (a) 6-27-40 (b) Mrs. Ellen J. Pettit
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass
(c) City or town Pleasant Hill, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1940 hour 10 minute 5 a.m.

21. I hereby certify that I attended the deceased from Dec.
1939 to June 26 1940
that I last saw her alive on June 26 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension
with Regurgitation

Due to _____

Other conditions 924
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration
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? _____ (Specify type of place)
(e) Means of injury _____

Signature L. V. Murray M.D. (M. D. or other) 1
Address Pleasant Hill, Mo. Date signed 6/27/40

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.....

D. A. Spinger....., Registered Apprentice No.....
working under my personal supervision.

Signed *D. A. Spinger*

Licensed/Embalmer No. *3938*

P. O. Address *Peasaut Hill*

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, above space should be left blank.