

No. 2  
4-13-40  
-17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

35227

Registration District No. 288 Primary Registration District No. 5706 4172 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County Dunklin  
(b) City or town Kennett R. 1  
(c) Name of hospital or institution Fessenden Hospital  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community all of his life

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Dunklin  
(c) City or town Rural  
(d) Street No. 0  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Billy June Pitts  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept. day 1  
year 1940 hour 5 minute 05 A.M.

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 July 11 1924  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug. 22, 1940, to Sept 1, 1940, that I last saw him alive on Sept 1, 1940, and that death occurred on the date and hour stated above.

8. AGE: Years 16 Months 1 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death  
Acute appendicitis & Generalized peritonitis

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

Due to \_\_\_\_\_  
Due to 1st  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation Farmer  
11. Industry or business \_\_\_\_\_  
12. Name W. V. Pitts  
13. Birthplace Hammersville Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Macella Pasterfield  
15. Birthplace Savannah Tenn  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

16. (a) Informant W. V. Pitts  
(b) Address Kennett R. 1  
17. (a) Burial (b) Date thereof 9-2-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Liberty Cem

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? \_\_\_\_\_

18. (a) Signature of funeral director E. C. Smidell  
(b) Address Kennett Mo  
19. (a) 10-17-40 (b) Walter Davis  
(Date received local registrar) (Registrar's signature)

23. Signature S. Russell (M. D. or other) \_\_\_\_\_  
Address Kennett Missouri Date signed 10/1

Duration  
9 days  
1 day  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 2

District File Number 440-170

Date Filed 11/14/40

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.....

....., Registered Apprentice No. 818

working under my personal supervision.

Signed

*A. C. Lansdell*

Licensed Embalmer No.....

P. O. Address

*Kennett 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.**