

Registration District No. **226**

Primary Registration District No. **5404**

Registrar's No. **8**

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

**REC'D DEC 10 1940**

PLACE OF DEATH:

(a) County **Grundy**  
(b) City or town **Rural Franklin Township**  
(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 **45 yr.** \_\_\_\_\_  
years, months or days) **2**

3. (a) PRINT FULL NAME **William Tecumseh Pittman**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Fannie Spickard Pittman** 6. (c) Age of husband or wife if alive **66** years

7. Birth date of deceased **May 6 1868**  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days      | If less than one day    |
|---------|-----------|----------|-----------|-------------------------|
|         | <b>72</b> | <b>5</b> | <b>24</b> | <b>2</b> hr. _____ min. |

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

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name: **William Pittman**

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

14. Maiden name **Rebecca Stevens**

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

16. (a) Informant **Gerald Pittman**  
(b) Address **Spickard Mo.**

17. (a) **Burial** (b) Date thereof **Nov. 1 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Masonic Cem. Spickard Mo.**

18. (a) Signature of funeral director **Charles L. Libor**  
(b) Address **Spickard Mo.**

19. (a) **Oct 31, 1940** (b) **Mrs Wilbur Vaughn**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Grundy**  
(c) City or town **Rural**  
(If outside city or town limit, write "RURAL")  
(d) Street No. **Franklin Township**  
(If rural, give location) **0**  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **31**  
year **1940** hour **2** minute **45** A.M.

21. I hereby certify that I attended the deceased from **Aug 2** 1940 to **Oct 30** 1940, that I last saw him alive on **Oct 30** 1940 and that death occurred on the date and hour stated above.

Immediate cause of death **Ulcer of Stomach Blind**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include prognosis within 3 months of death) \_\_\_\_\_

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

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work (e) Means of injury \_\_\_\_\_

23. Signature **W. Vaughn** (M. D. or other) \_\_\_\_\_  
Address **Spickard Mo** Date signed **12/31/40**

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

**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 Ross Wise

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

Ross Wise

Licensed Embalmer No. 3771

P. O. Address Spickard 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, above space should be left blank.**