No. 2
4-13-40
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FILED JAN 20 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43221

Registration District No. 566

Primary Registration District No. 3030

Registrar's No. 169

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

1. PLACE OF DEATH:

(a) County Mississippi

(b) City or town Charleston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 615 Pecan Street
(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 17 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

(c) City or town Charleston (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. R#3, Box 254, Charleston, Mo.
(If rural, give location)

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

3. (a) PRINT FULL NAME Minnie Pitts

3. (b) If veteran, name war XXX

3. (c) Social Security No. XXX

4. Sex Female

5. Color or race Colored

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

6. (b) Name of husband or wife XXXX

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

7. Birth date of deceased December (Month) 28 (Day) 1923 (Year)

8. AGE: Years 17 Months 0 Days 3 If less than one day ____ hr. ____ min.

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

10. Usual occupation /Schoolgirl.

11. Industry or business Scholar.

FATHER
12. Name George Pitts
13. Birthplace Bolivar (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name Anna Winfield
15. Birthplace Fryarspoint (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant George Pitts
(b) Address R#3, Box 254, Charleston, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/2/1941 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Lair*Nunnelee Service
(b) Address Charleston, Missouri.

19. (a) 1-2-41 (Date received local registrar) (b) F A Vernon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31 year 1940 hour 7 minute 00 P.M.

21. I hereby certify that I attended the deceased from Dec 31, 1940, to Dec 31, 1940; that I last saw her alive on Dec 31, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Coma — Duration 20 hrs.

Due to Diabetic Mellitus — DK.

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? 745 (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature [signature] MD (M. D. or other)
Address Charleston Mo Date signed 1/2/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2,
District File Number 141-74
Date filed 4/10/41

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 E. E. Runnelee

Licensed Embalmer No. 4164

P. O. Address Charleston, Mo.

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, fact should be so stated above.