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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3705

Registration District No. 653

Primary Registration District No. 5865

Registrar's No. 9

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

1. PLACE OF DEATH:

(a) County Permisicott
(b) City or town Portageville R2 Concord
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 weeks
(Specify whether
In this community _____
years, months or days) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Permisicott
(c) City or town Portageville, mo. 982
(If outside city or town limits, write "RURAL")
(d) Street No. 11
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Doyal Pitts

3. (b) If veteran, no name war infant 3. (c) Social Security No. none

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced infant

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

7. Birth date of deceased Dec. 18 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months 28 Days _____ If less than one day hr. _____ min.

9. Birthplace Portageville mo. 14820
(City, town, or county) (State or foreign country)

10. Usual occupation infant

11. Industry or business _____

MOTHER FATHER { 12. Name Eula Pitts
13. Birthplace Permisicott Co. mo
(City, town, or county) (State or foreign country)
14. Maiden name Eva Fisher
15. Birthplace Oscola oh.
(City, town, or county) (State or foreign country)

16. (a) Informant Father Eula Pitts

(b) Address Portageville, mo.

17. (a) burial (b) Date thereof 1 16 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dry Gyo Semita

18. (a) Signature of funeral director Ray Funeral Home

(b) Address Hayti, mo.

19. (a) 1-16-41 (b) Pearl Kelley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15
year 1941 hour 3:15 minute P. M.

21. I hereby certify that I attended the deceased from Jan 10
1941, to Jan 15, 1941;
that I last saw him alive on Jan 15, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Branchial pneumonia 4 Days
Duration

Due to _____

Due to _____

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

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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?
at home
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature ayshine (M. D. or other) Q
Address Hayti, mo. Date signed 1 16 41

2-41-28

107 a

2025.

DATE

[Handwritten mark]

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

Licensed Embalmer No.

P. O. Address

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.

DATE

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 653

Primary Registration District No. 5865

Registrar's No.

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Concord
(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 _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Doyal Pitts
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years Months Days If less than one day _____ min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation _____

11. Industry or business _____
12. Name _____
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof (Month) (Day) (Year)
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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

20. DATE OF DEATH Month Jan day 1
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia

Due to Pneumococci
probable

Due to _____
Other conditions NONE
(Include pregnancy within 3 months of death) 107

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? _____

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

23. Signature [Signature] (M. D. or other) _____
Address [Address] Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

SUPPLEMENTARY

