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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11181

FILED APR 21 1941

State File No.

Registration District No. 472

Primary Registration District No. 4285

Registrar's No.

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Stotts City
(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 Lifetime / _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lawrence
(c) City or town Stotts City
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Gertrude Pitts

3. (b) If veteran, name war _____ 3. (c) Social Security No. OLD AGE pension

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

6. (b) Name of husband or wife Oscar B. Pitts 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Oct 1 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>6</u>	<u>13</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name James Simmons

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

14. Maiden name Matilda Houston

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

16. (a) Informant Oscar B. Pitts

(b) Address Stotts City Mo

17. (a) Burial (b) Date thereof April 16 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director H. D. Fossell

(b) Address mt. Vernon Mo.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12
year 1941 hour 4:45 minute _____ A.M.

21. I hereby certify that I attended the deceased from Feb. 12
1941 to April 6 1941
that I last saw her alive on April 6 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus. Duration abt 2 yrs

Due to _____
Due to _____

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

Major findings:
Of operations _____
Of autopsy not made

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? 42?
(Specify type of place) (e) Means of injury _____

23. Signature PA Holmes (M. D. or other) 11
Address mt. Vernon Date signed 4-14-41

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 61

District File Number 441-670

Date Filed APR 18 1941

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.....

May L. Fossett, Registered Apprentice No. 268
working under my personal supervision.

Signed H. D. Fossett

Licensed Embalmer No. 2201

P. O. Address Mt. Vernon

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.

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Registration District No. 472

Primary Registration District No. 4285

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution: no
(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 2 1/2 yrs in home

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) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Gertrude Pitts Mrs

3. (b) If veteran, name war _____

3. (c) Social Security no yes

4. Sex <u>f</u>	5. Color or race <u>w</u>	6. (a) Single, widowed, married, divorced <u>m</u>
6. (b) Name of husband or wife <u>Oscar B Pitts</u>	6. (c) Age of husband or wife if alive _____ years	
7. Birth date of deceased	(Month)	(Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 12 year 1941 minute _____ M.

21. I hereby certify that I attended the deceased from Feb 12 1941, to Apr 6th 1941, that I last saw him alive on date Apr 6 and that death occurred on the date and hour stated above.

Immediate cause of death Emphysema
of the lungs

8. AGE: Years 74 Months 6 Days 13 If less than one day hr. _____ min. _____

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Mat Pitts

13. Birthplace Horton, Ill
(City, town, or county) (State or foreign country)

14. Maiden name Mat Pitts

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

16. (a) Informant Oscar Pitts Post Record

(b) Address Stotts City Mo

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

(c) Place: burial or cremation More Cemetery

18. (a) Signature of funeral director H.D. Fossell

(b) Address 701 S. Main St

19. (a) 4/14 (Date received local registrar) (b) W.H. Powell (Registrar's signature)

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? _____

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

23. Signature P.A. Holmes (M. D. or other) _____
Address Stotts City Date signed _____

PRELIMINARY

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

1941

1941
S-11181

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, fact should be so stated above.