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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17172

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1834

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

8
3
5

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Conley Hospital ()
(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. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 47
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1227 Indiana 8
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME LINDA DIANA PITTMAN

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Fe. 1

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 May 5, 1941 (Month) (Day) (Year)

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

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

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Roy Pittman
13. Birthplace East St. Louis, Illinois
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Grace Ginnever
15. Birthplace Mo. ()
(City, town, or county) (State or foreign country)

16. (a) Informant Roy Pittman
(b) Address 1227 Indiana

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.
(b) Address 2825 Indep. Blvd. K. C. Mo.

19. (a) May 9, 1941 (Date received by local registrar) (b) M. M. Browne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 year 1941 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from Birth May 5, 1941, to May 8, 1941; that I last saw her alive on May 8, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure — Duration

Due to Perforate intra ventricular septum and patent foramen ovale.

Due to

Other conditions 15½
(Include pregnancy within 3 months of death)

Major findings:
Of operations 15½

Of autopsy As above

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? (Specify type of place)
While at work (e) Means of injury 2

23. Signature Luther W. Smith (M. D. or other) DO.
Address 2105 Independence Ave. Date signed 5-8-41

(Licensed Embalmer's Statement on Reverse Side)

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 wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.