

FILED FEB 16 1943

Registration District No. 3

Primary Registration District No. 4102

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Creighton  
(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 years, months or days)

In this community 73 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Annie M. Pitcher

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married 2 divorced widowed

6. (b) Name of husband or wife James Pitcher 6. (c) Age of husband or wife if alive 4 years

Birth date of deceased March 3 1869  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>10</u>	<u>29</u>	_____ hr. _____ min.

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

10. Usual occupation Housekeeper

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

12. Name John Massey

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

14. Maiden name Unknown

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

16. (a) Informant Clay Pitcher

(b) Address Creighton Mo.

17. (a) Burial (b) Date thereof 2/3 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mullin Cemetery

18. (a) Signature of funeral director Hobert Arnold

(b) Address Creighton Mo.

19. (a) 2/6/1943 (b) Margaret Valle  
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 2  
year 1943 hour 3:40 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from JANUARY 1st 1943, to FEBRUARY 2nd 1943; that I last saw her alive on FEBRUARY 2nd 1943 and that death occurred on the date and hour stated above.

Immediate cause of death LOBAR PNEUMONIA

Due to \_\_\_\_\_  
Due to 108  
Other conditions \_\_\_\_\_  
(Include pregnancy 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? \_\_\_\_\_

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

23. Signature Dr. R. W. Moreland (M.D. or other) D.O.  
Address Creighton, Mo Date signed 2-3-43

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

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

19  
00  
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1041

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**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

*Robert Arnold*

Licensed Embalmer No. *3621*

P. O. Address *Cuyahoga, 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.**