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FILED JUL 10 1943

Registration District No. **24**

Primary Registration District No. **3046**

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town California
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Latham Sanitorium 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Eight year (Specify whether years, months or days)

3. (a) PRINT FULL NAME Martha Matilda Pettigrew

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife George Pettigrew 6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 12 1857
(Month) (Day) (Year)

8. AGE: Years 86 Months 1 Days 16 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business Isaac Fruchey

12. Name Isaac Fruchey

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

14. Maiden name Sarah Koontz

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

16. (a) Informant Martha Pettigrew
(b) Address Latham Mo

17. (a) Burial (b) Date thereof 6/29/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Home Cem

18. (a) Signature of funeral director William T. Fordney
(b) Address California Mo

19. (a) 7-2-43 (b) W. J. Miller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town Latham 68
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1943 hour 8 minute 9 P. M.

21. I hereby certify that I attended the deceased from June 14 1943 to June 28 1943
that I last saw her alive on June 28 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 1 hour
Due to Influenza and generalized arteriosclerosis 2 weeks 10 years
Due to.....

Other conditions (Include pregnancy within 3 months of death) 9/4

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 Kenya Latham (M. D. or other).....
Address California Mo Date signed 6-30-43

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

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 H. E. Friedmeyer

Licensed Embalmer No. 2854

P. O. Address California 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, fact should be so stated above.

Registration District No. 224

Primary Registration District No. 3046

1. PLACE OF DEATH

(a) County California
(b) City or town Monterey
(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 _____)

3. (a) PRINT FULL NAME Martha M. Pettigrew

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

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

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

7. Birth date of deceased May 12
(Month) (Day) (Year)

8. AGE: Years 86 Months 1 Days _____ If less than one day _____ min.

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

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 _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) (P. J. Allen)
(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) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 1943 year. _____ M. _____ minute. _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Due to _____

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? _____

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

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

S-22023