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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22709

Registration District No. 393 Primary Registration District No. 6267 Registrar's No. 30

1. PLACE OF DEATH:

(a) County Webster

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

(c) Name of hospital or institution: /x
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution x (Specify whether In this community life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster 112 0

(c) City or town Jackson 0
(If outside city or town limits, write "RURAL")

(d) Street No. x
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country x 0

3. (a) PRINT FULL NAME Cynthia Pettigrew

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife William R. Pettigrew

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased March (Month) - 11 (Day) - 1866 (Year)

8. AGE:

Years	Months	Days	If less than one day
77	3	no	x hr. x min.

9. Birthplace Webster County, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Geoge Wilkinson
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Cofer
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant W. R. Pettigrew
(b) Address Ukland Mo

17. (a) (Burial, ~~cremation, or removal~~) (b) Date thereof 6 (Month) - 13 (Day) - 43 (Year)
(c) Place: burial ~~or cremation~~ Pleasant View

18. (a) Signature of funeral director Rex Rainey
(b) Address Marshfield Mo

19. (a) 7-12-43 (Date received local registrar) (b) Charlotte Bruce (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11 year 1943 hour minute A.M.

21. I hereby certify that I attended the deceased from 6 11 43 6 11 43, 19 , to 6 11 43, 19 that I last saw him alive on 6 11, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death) 83 a'

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature E M Bailey (M. D. or other)

Address Elkland Mo Date signed 11 43

104
3/43

1344

(Licensed Embalmer's Statement on Reverse Side)

JUL 13 1945

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 Rex Lainey

Licensed Embalmer No. B 312

P. O. Address Marshfield, 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.