

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED APR 10 1944

Registration District No. 707

Primary Registration District No. 3019

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Kennett Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Dunklin
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Five years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin
(c) City or town Rivers
(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 HERMETRUE Pitts

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased April 6 1930
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
13 10 17 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Lyman Pitts
13. Birthplace Candeville Mo
(City, town, or county) (State or foreign country)
14. Maiden name Priscilla Butler
15. Birthplace Dunklin Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Lyman Pitts
(b) Address Rivers Mo

17. (a) Burial (b) Date thereof 2-26-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cade Camp

18. (a) Signature of funeral director L. H. Vink
(b) Address Kennett Mo

19. (a) 3-30-44 (b) J. H. Blankenship
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 2 day 24
year 1944 hour 10 minute 53 P. M.

21. I hereby certify that I attended the deceased from 4-5 1943, to 2-24 1944
that I last saw her alive on 2-24 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Sepsis, Uremia

Due to: Chronic nephritis, hepatitis and cirrhosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1318

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 J. H. Blankenship (M. D. or other) M.D.
Address Kennett Mo Date signed 3-24-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

901

RECEIVED

District Health Office No. 2,

District File Number 444-484

Date Filed 4-6-44

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 Walter C. Haverhill

Licensed Embalmer No. 2002

P. O. Address 19 in nett me

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.