

Registration District No. **FILED JUL 7 1944**

Primary Registration District No. **2000**

Registrar's No. **544**

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

1. PLACE OF DEATH:

(a) County **GREENE**

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

(c) Name of hospital or institution: **Burge Hospital**
(If not in hospital or institution, write street number or location) **0**

(d) Length of stay: In hospital or institution **17 days** (Specify whether years, months or days)

In this community **17 days**

3. (a) PRINT FULL NAME **Deanis Lee Petty**

3. (b) If veteran, name war **NONE**

3. (c) Social Security No. **NONE**

4. Sex **0** **male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced. **Single**

6. (b) Name of husband or wife **NONE** 6. (c) Age of husband or wife if alive **X7** years

7. Birth date of deceased **July 9 1941**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
2	11	20	hr. min.

9. Birthplace **Marshfield** (City, town, or county) **Mo. 0** (State or foreign country)

10. Usual occupation **Baby**

11. Industry or business

MOTHER FATHER

12. Name **Albert Submaster Petty**

13. Birthplace **Marshfield** (City, town, or county) **Mo. 0** (State or foreign country)

14. Maiden name **Theresa Lee Thomas**

15. Birthplace **Marshfield** (City, town, or county) **Mo. 0** (State or foreign country)

16. (a) Informant **Father, Mr. Petty**

(b) Address **Marshfield, Mo. Route 1**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **6-30-44** (Month) (Day) (Year)

(c) Place: burial or cremation **Marshfield, Mo.**

18. (a) Signature of funeral director **Dr. [Signature]**

(b) Address **Marshfield, Mo.**

19. (a) **6-29-44** (Date received local registrar) (b) **Dr. NE Haudley** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. **Rt 1 # 1** (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 **29th** year **1944** hour **12** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **6-10**, 1944, to **6-29**, 1944

that I last saw him alive on **6-19-44**, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death **Dermatitis, gangrenous** **20d**

Due to **Staphylococcus**

Due to

Other conditions (Include pregnancy within 3 months of death) **24a**

Major findings: Of operations **24a**

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?

(Specify type of place) While at work? (e) Means of injury **0**

23. Signature **Albert Submaster Petty** (M. D. or other) **0**

Address **Springfield, Mo.** Date signed **6-29-44**

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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.....
[Handwritten Signature]

Licensed Embalmer No. 3312

P. O. Address.....
[Handwritten Address]

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.

X