

FILED JAN 5 1945
Registration District No. 155

Primary Registration District No. 3127

Registrar's No. 135

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Wellcity
(c) Name of hospital or institution Jane Chen Hospital
(d) Length of stay: In hospital or institution 1
In this community 7 hrs 55 min

3. (a) PRINT FULL NAME RONALD LEE PITTMAN

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

4. Sex M 5. Color of race W 6. (a) Single, widowed, married, divorced INFANT

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

7. Birth date of deceased Dec. 14 1945
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 8 hr 55 min

9. Birthplace Wellcity Mo
(City, town, or County) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

12. Name Elmer Lee Pittman

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

14. Maiden name Elmer Bower Ross

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

16. (a) Informant Father E. L. Pittman
(b) Address 419 So. Madison

17. (a) Burial (b) Date thereof 12-17-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director W. H. Lewis
(b) Address Wellcity Mo

19. (a) DEC. 17; 45 (b) W. H. Lewis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Wellcity Mo
(d) Street No. 419 So. Madison
(e) Citizen of foreign country? no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15
year 1945 hour 6 minute A.M.

21. I hereby certify that I attended the deceased from Dec 14 1945 to Dec 15 1945; that I last saw him alive on Dec 15 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia & hiph (6 months)

Due to no apparent cause

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

Major findings: _____
Of operations 159
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
Signature M. D. Lewis (M. D. of State)
Address Wellcity Mo Date signed 12-17-45

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1640

(Licensed Embalmer's Statement on Reverse Side)

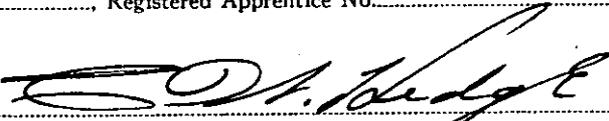
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....


Licensed Embalmer No.....
285-9

P. O. Address.....
St. Paul, Minn.

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.