

S. No. 2
 1-8-43
 5-17-39
 P-1 X37823

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **4557**

FILED MAR 14 1948

Registration District No. **38**

Primary Registration District No. **4038**

Registrar's No. **8**

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

3581

1. PLACE OF DEATH:
 (a) County Benton
 (b) City or town Warsaw
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Warsaw, mo 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Benton
 (c) City or town Warsaw
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Fred Horace Petts
 3. (b) If veteran, name war 760
 3. (c) Social Security No. no

20. DATE OF DEATH: Month Feb day 11
 year 1946 hour 4:15 PM minute _____ M.

MEDICAL CERTIFICATION

4. Sex Male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Mrs Felice Petts
 6. (c) Age of husband or wife if alive 57 years
 7. Birth date of deceased Sept 25 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 11 1946 to Feb 11 1946
 that I last saw him alive on 11 Feb 1946
 and that death occurred on the date and hour stated above.
 Immediate cause of death General debility
Diabetes mellitus

8. AGE: Years 82 Months 4 Days 15
 If less than one day _____ hr. _____ min.

Due to Gangrene of feet
Diabetes

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

Due to _____

10. Usual occupation Real Estate

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

11. Industry or business _____
 12. Name Nathaniel B. Petts
 13. Birthplace Utzbury Mass
(City, town, or county) (State or foreign country)
 14. Maiden name Kennedy Vail
 15. Birthplace Illinois
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy U

PHYSICIAN

 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Fred H. Petts
 (b) Address Warsaw, mo
 17. (a) Riverside (b) Date thereof Feb 13 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

18. (a) Signature of funeral director River Funeral Home
 (b) Address Warsaw, mo
 19. (a) 2-17-46 (b) Jas. A. Logan
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place) (c) Means of injury _____
 23. Signature J. H. Garape (M. D. or other) M.D.
 Address Warshaw Date signed 8-13-46

RECEIVED

District Health Officer No. 7,

District File Number 2-46-244

Date Filed 2-13-46

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~~.....

John F. Reser

Registered Apprentice No.

working under my personal supervision.

Signed.....

John F. Reser

Licensed Embalmer No. 4098

P. O. Address.....

Warsaw, 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.