

Registration District No. **149** Primary Registration District No. **1002**

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town K.C.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
417 1/2 E-18 St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community Dont know

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Jackson
 (c) City or town K.C.
(If outside city or town limits, write "RURAL")
 (d) Street No. 417 1/2 - E 18 St.
(If rural, give location)
 (e) Citizen of foreign country? unknown (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ARCHIE. PITTMAN.
 3. (b) If veteran, name war NO 3. (c) Social Security No. NONE
 4. Sex MALE 5. Color or race NETRO 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Dont know
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 9 day 16
 year 1946 hour 9 minute 30 A. M.
 21. I hereby certify that I attended the deceased from _____

 that I last saw _____
 and that death occurred on the date and hour stated above.
 Immediate cause of death:
Tape perforation heart
Disease
Chronic Nephritis

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>			hr. _____ min. _____

9. Birthplace Dont know 9
(City, town, or county) (State or foreign country)
 10. Usual occupation LABOR.

Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) 131A

MOTHER FATHER
 11. Industry or business _____
 12. Name Dont know 9
 13. Birthplace LL 9
(City, town, or county) (State or foreign country)
 14. Maiden name Dont know 11
 15. Birthplace LL 1
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy No-Permit

16. (a) Informant Coroner's Office
 (b) Address 415-E-12 St.
 17. (a) REMOVAL (b) Date thereof 9-17-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation LAWRENCE Kansas, Kansas University
 18. (a) Signature of funeral director BRADY-BROWN
 (b) Address 1708 3rd St.
 19. (a) 9-17-46 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

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 Deputy Coroner
 23. Signature Shewellian (M. D. or other) _____
 Address 2636 - Brookly Date signed _____

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

29241

Duration _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

9-17-46

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. 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.