. S. No. 2
QM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32481

State File No.

FILED OCT 3 1946

Registration District No. 35

Primary Registration District No. 4525

Registrar's No. 94

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 33 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Vernon 108

(c) City or town Milo
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Alvin DeLoss Pitts

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Marelda Pitts

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased July (Month) 14 (Day) 1868 (Year)

8. AGE: Years 78 Months 1 Days 22 If less than one day hr. min.

9. Birthplace Fayette Co (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Benjamin F. Pitts
13. Birthplace New York State (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Richmond
15. Birthplace New York (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Marelda Pitts
(b) Address Milo Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-8-46 (Month) (Day) (Year)

(c) Place: burial or cremation Milo Cemetery

18. (a) Signature of funeral director S. Bernard Berry
(b) Address Sheldon Mo.

19. (a) Sept 11 1946 (Date received local registrar) (b) Mrs. Ruth Faith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 6th year 1946 hour minute M.

21. I hereby certify that I attended the deceased from Aug - 1946 to Sept 6 - 1946 that I last saw him alive on Sept. 4 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Stenosis.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

92B

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 C. L. Keithly (M. D. or other)

Address Milo - Mo. Date signed 9-7-46

330 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Di[illegible] Officer No. 7,

[illegible] 9-46-962

Date [illegible] 10-2-46

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 G. Bernard Beeny

Licensed Embalmer No. 4161

P. O. Address Sheldon 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.