

STANDARD CERTIFICATE OF DEATH

32564

State File No.

Registration District No. 1

Primary Registration District No. 2000

Registrar's No. 269 396

1. PLACE OF DEATH:

(a) County Adair  
(b) City or town WIRRSVILLE  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Stickler Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days  
(Specify whether  
In this community FIFTY YEARS  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Adair  
(c) City or town Green Castle Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 1 years.

3. (a) PRINT FULL NAME ELVA JANE PITTMAN

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Edgar L. Pittman 6. (c) Age of husband or wife if alive 18 years  
7. Birth date of deceased 7 18 1873  
(Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 5 If less than one day hr. min.

9. Birthplace Spencer Ind.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name W. Welch  
13. Birthplace N. Carolina  
(City, town, or county) (State or foreign country)  
14. Maiden name Mauda Carpenter  
15. Birthplace North Carolina  
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Pittman

(b) Address Green Castle Mo

17. (a) Burial (b) Date thereof 10-24-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Chapel

18. (a) Signature of funeral director G. E. Hunt

(b) Address Green City Mo.

19. (a) 10-26-46 (b) Kate Lambert  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23  
year 46 hour 8:10 minute 0 M.

21. I hereby certify that I attended the deceased from Oct. 21, 1946, to Oct. 23, 1946  
(that I last saw her alive on Oct. 23, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Broncho Duration 3 days

Due to Hemiplegia - Rt 4 1/2 mos.

Due to

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: 83D  
Of operations  
Of autopsy  
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?

While at work? (Specify type of place) (f) Means of injury

23. Signature R. Stickler (M. D. or other) MD

Address Kirksville Mo Date signed 10-23-46

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

RECEIVED  
District Health Officer No. 10  
District File Number 10-46-1981  
Date Filed OCT 31 1946

**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 Glenn E. Kent

Licensed Embalmer No. 1769

P. O. Address Green City, 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, above space should be left blank.**