S. No. 2
OM—2-43
v. 5-17-39
I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 25 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36402

State File No.

Registration District No. 1 | Primary Registration District No. 3012 | Registrar's No. 144

1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: Excelsior Springs, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 Mos. 28 days (Specify whether years, months or days)
In this community: 2 Mos. 28 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Oklahoma (b) County: Ottawa
(c) City or town: Picher
(If outside city or town limits, write "RURAL")
(d) Street No.: 509 S. College
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Newton J. Petitt
3. (b) If veteran, name war: World War I
3. (c) Social Security No.:
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: September (Month) 17 (Day) 1889 (Year)
8. AGE: Years 57 | Months 1 | Days 18 | If less than one day: hr. min.
9. Birthplace: Rush (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation: Miner
11. Industry or business: Mining
FATHER
12. Name: Andrew Petitt
13. Birthplace: -- (City, town, or county) Tenn. (State or foreign country)
MOTHER
14. Maiden name: Lucinda Brantley
15. Birthplace: -- (City, town, or county) Ala. (State or foreign country)
16. (a) Informant: Hospital Records, Veterans Administration Hospital
(b) Address: Excelsior Springs, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 11-9-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Removed to: Wadsworth, Kansas
18. (a) Signature of funeral director: Virgil Hope
(b) Address: Hope Funeral Home, Excelsior Springs, Missouri
19. (a) 11/11/46 (Date received local registrar) (b) Caroline Hutchings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 4 year 1946 hour 8:30 minute A.M.
21. I hereby certify that I attended the deceased from August 8, 1946 to November 4, 1946 that I last saw him alive on November 4, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Tuberculosis pulmonary chronic, far advanced, active	Unknown
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: No autopsy performed

PHYSICIAN — 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) (e) Means of injury: --
23. Signature: R. H. KAPLAN (M. D. or other) M.D.
Address: Veterans Administration Hospital, Excelsior Springs, Mo. Date signed 11-4-46

(Licensed Embalmer's Statement on Reverse Side)

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

35224

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RECEIVED
District Health Officer No. 8.
District File Number
Date Filed 11-23-46

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 Jas. A. Moles.

Licensed Embalmer No. 3296

P. O. Address Excelsior Springs, M

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.