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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1947

Registration District No. 21

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12231

Primary Registration District No. 227

Registrar's No.

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

1. PLACE OF DEATH:

(a) County: Vernon

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

(c) Name of hospital or institution: 3
(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: All his life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Vernon 108

(c) City or town: Deerfield 0
(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) 0

If yes, name country

3. (a) PRINT FULL NAME: Vivian Aldric Pettibon

3. (b) If veteran, name war

3. (c) Social Security No. 493-16-1263

4. Sex: M

5. Color or race: W

6. (a) Single, ~~married~~, ~~widowed~~, ~~divorced~~: S

6. (b) Name of husband or wife

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

7. Birth date of deceased: Jan (Month) 31 (Day) 1919 (Year)

8. AGE: Years 28 Months 1 Days 23 If less than one day ____ hr. ____ min.

9. Birthplace: Deerfield (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Mechanic

11. Industry or business

FATHER
12. Name: Aldric Ellis Pettibon
13. Birthplace: Deerfield (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Bertha Lawrence
15. Birthplace: Pleasant (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: G. A. Pettibon
(b) Address: Deerfield Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 26 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Deerfield, Mo.

18. (a) Signature of funeral director: Ferry Funeral Home
(b) Address: Nevada, Mo.

19. (a) 3-28-47 (Date received local registrar) (b) Bertha Single (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23 year 1947 hour 6 P.M. minute P.M.

21. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____; that I last saw h____ alive on ____, 19____; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Crushed Skull and Internal injuries

Due to: airplane accident

Due to:

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

Major findings:
Of operations:
Of autopsy: no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 108

(a) Accident, suicide, or homicide (specify): accident

(b) Date of occurrence: 3-23-47

(c) Where did injury occur? Deerfield (City or town) Vernon (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm —
(Specify type of place)

While at work? no (e) Means of injury: airplane accident

23. Signature: Mark Ensinger (M. D. or other) Coroner - 3

Address: Nevada, Mo. Date signed: 3-25-47

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED
District Health Officer No. 7,
District File Number 8-41-26
Date Filed 4-4-47

MAY 1 1947
JUN 1 9 1947
JUN 4 1947

JUL 1 1947

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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed L. B. Ferry

Licensed Embalmer No. 1760

P. O. Address Nevada 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.