S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 20 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17260

Registration District No. 138 Primary Registration District No. 5529 Registrar's No. 13

1. PLACE OF DEATH:

(a) County Hickory

(b) City or town Wheatland Rural
(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 All of Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Hickory

(c) City or town Wheatland -Rural-
(If outside city or town limits, write "RURAL")

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

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

If yes, name country .....

3. (a) PRINT FULL NAME Minnie Arie Pitts

3. (b) If veteran, name war .....

3. (c) Social Security No. None

4. Sex Female

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 April (Month) 4 (Day) 1871 (Year)

8. AGE: Years 76 Months 0 Days 9 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name John Marquis Kelley
13. Birthplace Unknown (City, town, or county) Denn (State or foreign country)

MOTHER
14. Maiden name Anna Liza Ritchie
15. Birthplace Elkton (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Jack Pitts
(b) Address Wheatland Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April (Month) 15 (Day) 1947 (Year)
(c) Place: burial or cremation Dooley Bend Cemetery

18. (a) Signature of funeral director Hathaway Funeral Home
(b) Address Wheatland Missouri

19. (a) May 13-47 (Date received local registrar) (b) W. P. Hargiss (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13
year 1947 hour 7 minute 20 P.M.

21. I hereby certify that I attended the deceased from March 15, 1947, to April 13, 1947; that I last saw her alive on April 8, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of lower or Pylorus Stomach	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? .....
(Specify type of place)

While at work? ..... (e) Means of injury 2

23. Signature Dr. J. E. Briggs (M.D. or other) D.O.
Address Wheatland, Mo. Date signed 5/13/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 4-47-543
Date Filed 3-19-47

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 Forrest R. Abernathey, Registered Apprentice No. 419, working under my personal supervision.

Signed Chas Gilbert Hathaway

Licensed Embalmer No. 4267

P. O. Address Wheatland, 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.