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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 21 1947

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26488

Registration District No. 373 Primary Registration District No. 6153 Registrar's No. 7

1. PLACE OF DEATH:

(a) County Stoddard

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

(c) Name of hospital or institution: home
(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 4 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Stoddard 103

(c) City or town Messler 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 GEORGE IRELAND PETTIT

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Mary Pettit

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased May (Month) 24 (Day) 1857 (Year)

8. AGE: Years 89 Months 11 Days 26 If less than one day hr. min.

9. Birthplace Monmouth, Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Timber man (retired)

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Not Known (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace Not Known (City, town, or county) (State or foreign country)

16. (a) Informant Homer Lackey
(b) Address Messler mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Advance, mo.

18. (a) Signature of funeral director Leonard Morgan
(b) Address Advance Mo.

19. (a) July 16, 1947 (Date received by local registrar) (b) E. L. Stump (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20th year 1947 hour 4 minute 20 A.M.

21. I hereby certify that I attended the deceased from May 2, 1947, to May 20th, 1947, that I last saw him alive on May 12th, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Sarcoma of foot — Duration 1 month

Due to advanced age.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations no operation

Of autopsy none

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) none

(b) Date of occurrence

(c) Where did injury occur? none (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

23. Signature W. P. Darnell (M. D. or other) M.D.

Address Allenville, mo Date signed May 20 1947

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.