No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 11 '947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31388

Registration District No. 749 Primary Registration District No. 1002 Registrar's No. 4172

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: The Robinson Clinic O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9-18-47 to 10-2-47 (Specify whether
In this community 2 Weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 84
(c) City or town Dunnegan, 0
(If outside city or town limits, write "RURAL")
(d) Street No. Rural 0
(If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jesse H. Petiford
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male O
5. Color or race White
6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife Myrtle Petiford
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased 12 (Month) -18- (Day) 1880 (Year)

8. AGE: Years 66 Months 9 Days 14 If less than one day hr. min.

9. Birthplace Rogersville (City, town, or county) Tenn. (State or foreign country) /
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name George Petiford.
13. Birthplace (City, town, or county) Tenn. (State or foreign country) /
MOTHER
14. Maiden name Harriet Still
15. Birthplace (City, town, or county) Tenn. (State or foreign country) /
16. (a) Informant Mrs. Alla Skaggs
(b) Address 526 Norton
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-2-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Walnut Grove, Missouri
18. (a) Signature of funeral director Mrs. C.L.Forster
(b) Address Kansas City, Missouri
19. (a) 10-3-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day ~~10~~ 2 year 1947 hour 10 minute 20A M.
21. I hereby certify that I attended the deceased from Sept 18, 1947 to Oct 2, 1947 that I last saw him alive on Oct 2, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	3 days.
Due to Resulting from a Cerebral Thrombosis	
Due to Left side	4 days.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 83d	
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 O
23. Signature [signature] (M.D. or other)
Address 2625 N Pasco Kansas City Mo. Date signed 10-2-47

(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 Dean Owens

Licensed Embalmer No. 4280

P. O. Address 918 Brooklyn K. C., 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.