. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 17 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

18558

State File No.

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 173

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution: Grim-Smith Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days) 6 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan

(c) City or town Milan (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

105 / 0 / 1

3. (a) PRINT FULL NAME Harry Hayes Tittle

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Lena Blanche High

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Aug. (Month) 24 (Day) 1876 (Year)

8. AGE: Years 71 Months 9 Days 13 If less than one day hr. min.

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

10. Usual occupation Retired Telegraph Operator

11. Industry or business

FATHER
12. Name William Tittle
13. Birthplace (City, town, or county) Pa. (State or foreign country)

MOTHER
14. Maiden name Mary Ketchum
15. Birthplace (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Mrs. Lena Tittle
(b) Address Milan, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/7/48 (Month) (Day) (Year)
(c) Place: burial or cremation Milan, Missouri

18. (a) Signature of funeral director Dee Riley Funeral Home
(b) Address Kirksville, Mo.

19. (a) 6-7-48 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7 year 1948 hour 12:15 minute A: M.

21. I hereby certify that I attended the deceased from June 1, 1948, to June 7, 1948, that I last saw him alive on June 6, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardio-vascular-renal disease	6 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

13 1/2

PHYSICIAN

Underline the cause of 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

23. Signature J. Klimp (M. D. or other) MD

Address Kirksville, Mo. Date signed 6/7/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

JUL 17 1946

NOV 30 1948

RECEIVED
District Health Officer No. 10
District File Number 6-48-1040
Date Filed JUN 16 1948

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 Jack L. Dooley, Registered Apprentice No. 222, working under my personal supervision.

Signed D E Riley

Licensed Embalmer No. 4181

P. O. Address Kirksville, 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.