

3000
0-47
7-39
3908

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 182

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution:
Ellis Fischel State Cancer Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Adalia
(If outside city or town limits, write "RURAL")

(d) Street No. 7106 14th Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edwin Clark Pettit

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex MO 5. Color or race W

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 1 20 78
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
year 1948 hour 1:10 minute _____ A.M.

21. I hereby certify that I attended the deceased from July 2
1948 to July 4, 1948
and that death occurred on the date and hour stated above.
that I last saw him alive on July 4, 1948

Immediate cause of death Gastric Hemorrhage
i shock Duration _____

8. AGE: Years Months Days If less than one day

70 70 2 13 1 hr. 10 min.

Due to Stomach Cancer

Due to _____

9. Birthplace New Orleans La
(City, town, or county) (State or foreign country)

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

10. Usual occupation Refrigerator Engineer

Major findings: Of operations _____

11. Industry or business _____

Of autopsy 46 B

12. Name Unpublished

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

13. Birthplace (City, town, or county): (State or foreign country)

14. Maiden name _____

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records

(b) Address Columbia Mo

17. (a) Burial (b) Date thereof: 7 6 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Luganovich, Kansas

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Henry W. Bassett (M.D. or other) _____
Address State Cancer _____ Date signed 7-4-48

18. (a) Signature of funeral director R.O. Willet

(b) Address Columbia, Mo.

19. (a) 7-4-48 (b) Mrs R.E. Palmer
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number JUL 14 1948
Date Filed _____

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, _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed _____

Lynnan St. Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.