

FILED SEP 25 1948
Registration District No. **149**

Primary Registration District No. **1002**

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

48
0031

1. PLACE OF DEATH:

(a) County Jackson

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

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

(d) Length of stay: In hospital or institution 8 1/2 + 8 7 + 9/17/48
(Specify whether in this community lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 2317 Harris
(If rural, give location)

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

3. (a) PRINT FULL NAME Kirk T. PITTSER

3. (b) If veteran, name war no

3. (c) Social Security No. 486-01-8336

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 17 year 1948 hour 1 minute 25 P. M.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Margaret Pittser

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased November 12, 1906
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1946, 1946 to 9/17, 1948 that I last saw him alive on 9/17 and that death occurred on the day and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>10</u>	<u>5</u>	_____ hr. _____ min.

Immediate cause of death Chronic Lymphatic Leukemia Duration 5-7 yrs

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

Due to _____

Due to _____

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

10. Usual occupation Printer

11. Industry or business Superior Roller Company

Major findings: 740

12. Name Smith Pittser

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

14. Maiden name Myrtle Graham

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Margaret L. Pittser

(b) Address 2317 Harris, Independence, Mo

17. (a) Burial (b) Date thereof 9-20-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

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? _____

18. (a) Signature of funeral director Hollody-McGilley-Eyler

(b) Address Kansas City, Missouri

19. (a) 9-18-48 (b) Sheldine Holmes
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature Walter T. Probst (M. D. or other) M.D.

Address 20 Bryant St Date signed 9/17/48

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 Daniel M. Mallatt

Licensed Embalmer No. 4570

P. O. Address A.C. Me.

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.