

No. 2
-1/47
5-17-39

National Office of Vital Statistics
FILED DEC 20 1948
1948
Registration District No. **193**

Primary Registration District No. **4436**

Registrar's No. **13**

1. PLACE OF DEATH:

(a) County **Ralls**

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Ralls**

(c) City or town **New London**
(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 **-----**

3. (a) PRINT FULL NAME **LAURA M. PITT**

3. (b) If veteran, name war **---**

3. (c) Social Security No. **---**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **20**
year **1948** hour **6** minute **---** P. **A.** M.

4. Sex **female** 5. Color or race **white**

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

6. (b) Name of husband or wife **Jesse Wilbur Pitt**

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

7. Birth date of deceased **May 13 1857**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan 1 1948** to **Nov 20 1948**
that I last saw her alive on **Nov 18 1948**
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	91	6	7	hr. min.

Immediate cause of death **Myo carditis**

Due to **hypertension**

Due to **old age**

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

10. Usual occupation **housewife**

11. Industry or business **---**

12. Name **Alfred Menefee**

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

14. Maiden name **Mary Mason**

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

16. (a) Informant **Mrs. James Snider**

(b) Address **New London, Mo.**

17. (a) **burial** (b) Date thereof **11/22/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Barkley Cemetery**

18. (a) Signature of funeral director **Ray S. Schwartz**

(b) Address **1000 Broadway Hannibal, Mo.**

19. (a) **Nov 22 48** (b) **H. J. Waters**
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **---**

Of autopsy **---**

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 **H. J. Waters** (M. D. or other)

Address **New London Mo** Date signed **11-22-48**

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

RECEIVED
District Health Officer No. 10
District File Number 12-48-2156
Date Filed DEC 18 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 _____

Kenneth T. Salaman, Registered Apprentice No. 272
working under my personal supervision.

Signed Paul Richard Town

Licensed Embalmer No. 4324

P. O. Address Hannibal, 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.