

17808

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED JUN 7 1946

Registration District No. 297

Primary Registration District No. 6024

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.F.D.# 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 68 Years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D.# 5 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Arthur T. Pettus

3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Male 1 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jennie A. Pettus
6. (c) Age of husband or wife if alive 63 Yrs. years
7. Birth date of deceased. August 6, 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>9</u>	<u>1</u>	hr. _____ min.

9. Birthplace Ray County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER

12. Name James T. Pettus
13. Birthplace Ky.
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Jackson
15. Birthplace Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jennie A. Pettus
(b) Address Richmond, Mo.

17. (a) Burial (b) Date thereof 5/9/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunnyslope Cemetery

18. (a) Signature of funeral director Quest-Lile F. Home
(b) Address Richmond, Mo.

19. (a) 5-10-46 (b) Maled Jackson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 1946 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy A4W

Duration

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 3
23. Signature J. F. Baber Co. Coroner
(M.D. or other) _____
Address Richmond, Mo. Date signed 5-10-46

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

10088

M-8-43
7-5-17-39
X37823

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-5-42

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 J. J. Gunt

Licensed Embalmer No. 4096

P. O. Address Richmond

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDW (Failure to do so with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.