

FILED MAR 18 1946

Registration District No. 18

Primary Registration District No. 1035

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Centralia R.R. (Salinity)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Refuse
In this community Refuse (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
(c) City or town Centralia R.R.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Louisa Esther Pittrell

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Columbus B. Pittrell 6. (c) Age of husband or wife if alive deceased

7. Birth date of deceased 10-4-1856
(Month) (Day) (Year)

8. AGE: Years 89 Months 4 Days 0
If less than one day hr. _____ min. _____

9. Birthplace Audrain Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business at home

12. Name John Ess

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

14. Maiden name Margaret

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

16. (a) Informant E. S. Dittell

(b) Address Centralia Mo RR #2

17. (a) Burial (b) Date thereof Feb 6-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Grove

18. (a) Signature of funeral director Fred W. Johnson

(b) Address modern mort

19. (a) 27-44 (b) Blanche Neely
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4
year 1946 hour -2- minute 00 P M.

21. I hereby certify that I attended the deceased from 10-3-43 19 to 2-4-46 19 ;
that I last saw her alive on 1-29-46 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Infirmities of Old age

Due to arteriosclerosis + Mitral Insufficiency

Due to arteriosclerosis

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

Major findings: _____
Of operations _____

Of autopsy 97

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) Means of injury _____

23. Signature Robert D. [unclear] (M. D. or other)

Address Centralia Mo Date signed 2-8-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 3-46-465

Date Filed MAR 13 1946

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

Lucas A. Thompson

Licensed Embalmer No. 1420

P. O. Address Madison, 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.