

REC'D JUN 15 1938

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

18456

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson

(b) Township

(c) City IndependenceRegistration District No. 398Primary Registration District No. 3019(d) Street No. 821 W. Maple Ave.

(If death occurred in Hospital or Institution, write its name instead of street and number) St.

(e) Length of residence in city or town where death occurred 12 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.Registered No. 1412. PRINT FULL NAME Mrs. Anne E. Pinkston 523(a) Residence, No. 821 W. Maple Ave. St. 

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)  
Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

~~HUSBAND OF~~  
(OR) WIFE OFDillard E. Pinkston6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25, 1850

7. AGE

YEARS

87

MONTHS

11

DAYS

14If LESS than 1  
day, ..... hrs.  
or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of  
work done, as sawyer, bookkeeper, etc.NONE9. Industry or business in which work  
was done, as saw mill, bank, etc.10. Date deceased last worked at  
this occupation (month and  
year).....11. Total time (years)  
spent in this  
occupation.....12. BIRTHPLACE (CITY OR TOWN) Estell County  
(STATE OR COUNTRY) Kentucky

FATHER

13. NAME Abner Wiseman14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Kentucky

MOTHER

15. MAIDEN NAME Sophia Brown16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Kentucky17. INFORMANT Mr. S. J. B. Berry  
(ADDRESS) 821 W. Maple Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. WashingtonDATE May 11, 193819. FUNERAL DIRECTOR H. W. Stahl Funeral Home  
(ADDRESS) 815 W. Maple Ave.20. FILED 5-11-38J. P. Cook  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9, 1938 . 19

22. I HEREBY CERTIFY, That, I attended deceased from

May 5, 1938, to 8<sup>th</sup> May, 1938I last saw her alive on May 8, 1938. Death is saidto have occurred on the date stated above, at 4:09A m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Thrombosis

Other contributory causes of importance:

Terminal infectionMenigitis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) Calvin Atkins!, M. D.360 (Address) Indep. Mo.

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**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

**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.)**