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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 4 1940

Registration District No. 406

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Pinkston

State File No. 11400

Primary Registration District No. 5560

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Tuna Mines
(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 2 (Specify whether

In this community 425 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. R#1
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Patsy Ann Wilson

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 Child

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 22 (Day) 1940 (Year)

8. AGE:

Years	Months	Days	If less than one day
X	X	3	hr. min.

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

10. Usual occupation Child

11. Industry or business

FATHER
12. Name Donald E. Wilson
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Letha Messer
15. Birthplace (City, town, or county) Kansas (State or foreign country)

16. (a) Informant Donald E. Wilson
(b) Address R#1 Carl Junction

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 26 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Carterville Cem

18. (a) Signature of funeral director Webb City Mnd Co
(b) Address Webb City Missouri

19. (a) March 25 (Date received local registrar) (b) Roy S. Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25th year 1940 hour 11 minute 10 a. M.

21. I hereby certify that I attended the deceased from March 22 1940, 19..., to March 25, 1940, that I last saw her alive on March 24, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive heart failure	
Due to: Secondary asphyxia	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

161 P.

Major findings:
Of operations

Of autopsy

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? 950 (Specify type of place)

While at work? (e) Means of injury 3

23. Signature J. W. Pinkston D. O. (M. D. or other)

Address Carl Junction Mo. Date signed 3/26/40

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.