

FD-203
-11-10-39
5-17-39
P-I X21492

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 400

Primary Registration District No. 55538

Registrar's No. 1181

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

1. PLACE OF DEATH

(a) County Jackson
(b) City or town Pierson Twp 3
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson County Home for the Aged
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs 7 mo.
(Specify whether
In this community unknown
years, months or days) 26 1/2

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Jackson
(c) City or town Hannas
(If outside city or town limits, write "RURAL")
(d) Street No. 5-27 Tracy
(If rural, give location)
(e) If foreign born, how long in U. S. A. 30 yr. years.

8. (a) PRINT FULL NAME LOUGIE PICKERELL

8. (b) If veteran, name war no 8. (c) Social Security No. no

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive 18 years
(Day) (Year)

7. Birth date of deceased Sept 18-1863
(Month) (Day) (Year)

8. AGE: Years 26 Months 8 Days 29 If less than one day br. min.

9. Birthplace Staly 7
(City, town, or county) (State or foreign country)

10. Usual occupation Handwritten 7

11. Industry or business

MOTHER FATHER { 12. Name Pickereel 7
13. Birthplace Italy (City, town, or county) (State or foreign country)

{ 14. Maiden name Do not know
15. Birthplace Italy (City, town, or county) (State or foreign country)

16. (a) Informant Jim Wilson
(b) Address Little Beech mo

17. (a) Buried (b) Date thereof June 19-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt St St Marys County

18. (a) Signature of funeral director Parasutton
(b) Address in c mo

19. (a) 6-17-40 (b) John A. G...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
year 1940 hour 2 minute 45 a.m.

21. I hereby certify that I attended the deceased from 6-14-40
1940 to 6-17-40, 1940
that I last saw him alive on 6-17-40, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
Duration

Due to ✓

Due to None 93C
Other conditions: None
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: ✓
Of operations
Of autopsy ✓
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?
93C

23. Signature W. McArthur (M. D. or other)
Address Little Beech June 17-40

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 Park Rowe

Licensed Embalmer No. 2347

P. O. Address 42K Edmo.

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

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