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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35318

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 835

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Springfield Baptist Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)

In this community ____

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lawrence

(c) City or town Mt Vernon (If outside city or town limits, write "RURAL")

(d) Street No. ____ (If rural, give location)

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

3. (a) PRINT FULL NAME BABY PICKETT

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex M

5. Color or race Wh

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Inf

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

7. Birth date of deceased Oct (Month) 11 (Day) 1940 (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 12 hr. ____ min.

9. Birthplace Springfield (City, town, or county) MO (State or foreign country) 0

10. Usual occupation Inf 0

11. Industry or business 0

FATHER
12. Name Lowell Pickett
13. Birthplace Dorthnow (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name Mary F. Whitesell
15. Birthplace Dorthnow (City, town, or county) MO (State or foreign country)

16. (a) Informant Lowell Pickett

(b) Address Mt Vernon MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-12-40 (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn Cem

18. (a) Signature of funeral director Edward Johnson

(b) Address Springfield

19. (a) 10-12-40 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11 year 1940 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from Oct 11, 1940, to Oct 11, 1940 that I last saw him alive on Oct 11, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Prematurity	
Due to Pyelitis in Pregnancy	Ewka
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings: Of operations Cesarean Section

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) No

(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? ____ (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature Joseph L. Johnston (M. D. or other)

Address Springfield, Mo Date signed 10-14-40

(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 C C Scarge, Registered Apprentice No. 204 working under my personal supervision.

Signed E O Northey

Licensed Embalmer No. 1767

P. O. Address Springfield Mo

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

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