

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35557

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution: St. Johns Hospital
(d) Length of stay: In hospital or institution 1 Hour
In this community 2 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(d) Street No. 723 Virginia Ave.
(e) If foreign born, how long in U. S. A. No years.

3. (a) PRINT FULL NAME Marjorie Lee Pickett

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 16
year 1940 hour 12 minute 30 P. M.

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

21. I hereby certify that I attended the deceased from on Oct 16, 1940, to, 19; that I last saw him alive on, 19; and that death occurred on the date and hour stated above.

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

Immediate cause of death

6. (b) Name of husband or wife Charles Pickett 6. (c) Age of husband or wife if alive 29 years

Due to Eclampsia

7. Birth date of deceased December 26 1922 (Month) (Day) (Year)

8. AGE: Years 17 Months 9 Days 20 If less than one day hr. min.

Due to

9. Birthplace Salina Okla (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Housewife

11. Industry or business Home

Major findings: Of operations

12. Name J. A. Webster

Of autopsy

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

14. Maiden name Sylvia Goss (City, town, or county) (State or foreign country)

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

16. (a) Informant Chas O Pickett (b) Address 723 Virginia - Joplin Mo.

17. (a) Burial (b) Date thereof 10-18-40 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park

18. (a) Signature of funeral director Hurlbut and Co. (b) Address 212 Jonlin St. Joplin Mo.

19. (a) 10-17-40 (b) Ed J. James (Data received local registrar) (Registrar's signature)

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? 372 (Specify type of place) While at work? (e) Means of injury

23. Signature Ed J. James (M. D.)

Address Joplin, Mo Date signed 10/17/40

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

146

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 *Sam E. Sweeney*

Licensed Embalmer No. *4099*

P. O. Address *Joplin 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35537**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **411**

Primary Registration District No. **2002**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Joplin**
(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.....
In this community..... (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town..... (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 **Margorie Lee Pickett**

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

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **m**

6. (b) Name of husband or wife..... 6. (c) Age of husband, or wife, if alive..... year

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
17 9 20 hr. min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name.....

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

14. Maiden name..... (City, town, or county) (State or foreign country)

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

16. (a) Informant.....

(b) Address.....

17. (a)..... (b) Date thereof..... (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a)..... (b)..... (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month **Oct** day **16** year **1946** hour..... minute..... M.

21. I hereby certify that I attended the deceased from....., 19..... to....., 19..... that I last saw h..... alive on..... and that death occurred on the date and hour stated above. Immediate cause of death.....

Due to **Peripneumonia**

Due to **1 Bab delivered by amniot Caesarian section after death of mother.**

Other conditions..... (include pregnancy within 7 months of death)

Major findings: Of operations.....

Of autopsy..... **146**

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) (c) Means of injury.....

23. Signature..... (M. D. or other)

Address..... Date signed **12/14/46**

SUPPLEMENTAL

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

MOORE

