

NOV 21 1940

State File No. 27

Registration District No. \_\_\_\_\_

Primary Registration District No. 4429

Registrar's No. 702

1. PLACE OF DEATH:

(a) County Polk  
(b) City or town Fair Play, MO.  
(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) 20  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Polk  
(c) City or town Fair Play  
(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.

8. (a) PRINT FULL NAME George W. Pickle

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 19 1853  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
87 5 12 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer (retired)

MOTHER FATHER  
11. Industry or business \_\_\_\_\_

12. Name Christain Pickle  
13. Birthplace Tenn.  
(City, town, or county) (State or foreign country)  
14. Maiden name Catherine Carnell  
15. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Hulda Watkins  
(b) Address Fair Play, MO.

17. (a) Burial (b) Date thereof Oct. 3-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barren Creek,

18. (a) Signature of funeral director Barber & Lewis  
(b) Address Fair Play, MO.

19. (a) 11-1 50 (b) H. H. Hunt  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 1 day \_\_\_\_\_  
year 1940 hour \_\_\_\_\_ minute 5 A M.

21. I hereby certify that I attended the deceased from sep 25, 1940 Oct 1, 1940;  
that I last saw him alive on sep 30, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 24 hr

Due to Pneumococcus infec

Due to \_\_\_\_\_

Other conditions Senility  
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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? \_\_\_\_\_ #

While at \_\_\_\_\_ (Specify type of place) #  
Means of injury \_\_\_\_\_

23. Signature Chas J Brown (M. D. or other) #  
Address Fair Play MO Date signed 10-1-40

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

RECEIVED

District Health Officer No. 7,

District File Number 11-40-1568

Date Filed 11-6-40

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 \_\_\_\_\_

Personally, \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed William R. Erwin

Licensed Embalmer No. 3092

P. O. Address Baltimore, Md.

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, above space should be left blank.