

No. 2
4-13-40
5-17-39
I X23159

FILED FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1290

State File No. _____

Registration District No. 399

Primary Registration District No. 100

Registrar's No. 250

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

1. PLACE OF DEATH Jackson
(a) County _____
(b) City or town Kansas City
(If outside of city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution K.C. General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Mo. & 3 days
(Specify whether _____)
In this community 16 Yrs
years, months or days)

3. (a) PRINT FULL NAME ELIZABETH JEAN PICKENS
(b) If veteran, name war No
(c) Social Security No. 496-01-1955

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 18 1913
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
27 4 29 hr. min.

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

10. Usual occupation Seamstress

11. Industry or business Emery Bird-Thayer

MOTHER FATHER { 12. Name Charles Pickens
13. Birthplace Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Florence Warwick
15. Birthplace Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Pickens
(b) Address 2101 Linwood

17. (a) Removal (b) Date thereof Jan. 19, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Keokuk, Iowa

18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. Jan 17 1941 (b) M. M. Crown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2101 Linwood
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 16th
year 1941 hour 10 minut 45 P. M.

21. I hereby certify that I attended the deceased from 10-13-40, 19____, to 1-16-41, 19____;
that I last saw her alive on 1-16-41, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death INFANTILE PARALYSIS, BULBAR TYPE

Due to 36

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy None

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) (e) Means of injury D

23. Signature Dr. R. P. Shaw (M. D. or other)
Address Med. Dir. K. C. Gen. Hospital, K. C. Mo. Date signed _____

48
3
8
0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address ← E 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.