

No. 2
11-10-39
1-17-39
I X21492

REC'D FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3202

Registration District No. 470

Primary Registration District No. 6633

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mt. Vernon Rural
(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 4 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Mt. Vernon Rural
(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. 0 years.

8. (a) PRINT FULL NAME John Willie Pilling

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

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

6. (b) Name of husband or wife Lillian M. 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased March 21 1861 (Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 11 If less than one day hr. min.

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

10. Usual occupation Carpenter

11. Industry or business

12. Name John Edward Pilling

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

14. Maiden name Margarette Welch

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

16. (a) Informant John Edward Pilling (b) Address Burlington, Colo.

17. (a) Burial (b) Date thereof Jan 4 1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F. Cem. Mt. Vernon

18. (a) Signature of funeral director H. D. Fassett (b) Address Mt. Vernon, Mo

19. (a) 1-4-1941 (b) P.A. Hobmes (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Jan 1 day 1941 year 74 hour 45-11 minute 45 AM

21. I hereby certify that I attended the deceased from 1939 to Jan 1 1941 that I last saw him alive on Jan 1 1941 and that death occurred on the date and hour stated above.

Immediate cause of death - Cardiac failure.

Due to Emphysema 9 yrs

Due to Bronchietasis "

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 11/6

Of autopsy

Duration
9 yrs
"
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?

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

Address Mt. Vernon, Mo Date signed 1/4/41

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

500

550

RECEIVED

District Health Officer No. 8, 3

District File No. 146-23

Date Filed FEB 7 1941

MAY 6 1947.

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.....

Max J. Fassett, Registered Apprentice No. 268
working under my personal supervision.

Signed H. D. Fassett

Licensed Embalmer No. 2201

P. O. Address Mt Vernon T

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.