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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10283

Registration District No. 128 Primary Registration District No. 3069 Registrar's No. 110

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution 1425 Whitener St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days) In this community All his life.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau 16

(c) City or town Cape Girardeau (If outside city or town limits, write "RURAL") 1

(d) Street No. 1425 Whitener St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Robert Carl Pickens Jr.

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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct. (Month) 8 (Day) 1939 (Year)

8. AGE: Years	Months	Days	If less than one day
1	5	11	hr. min.

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

10. Usual occupation Infant

11. Industry or business

MOTHER FATHER

12. Name Robert Carl Pickens Sr.

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

14. Maiden name Georgia Finley

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

16. (a) Informant Mrs Robert Pickens Sr.

(b) Address Cape Girardeau Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-11-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director B. L. Hanson

(b) Address Cape Girardeau Mo

19. (a) 3-19-41 (Date received local registrar) (b) J. M. Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th year 1941 hour minute P. M.

21. I hereby certify that I attended the deceased from Mch. 4, 1941, to Mch. 19, 1941 that I last saw him alive on Mch. 19, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to

Due to

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

Major findings: Of operations —

Of autopsy —

Duration

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? (Specify type of place)

While at work? — (e) Means of injury

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

Address Cape Girardeau Date signed 3-21-41

(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~~.....

....., Registered Apprentice No.....,

working under my personal supervision.

~~Signed~~ Lyman H. Sprinkle

Licensed Embalmer No. 4913

P. O. Address Cape Girardeau

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.