No. 2
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X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED JUN 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17961

Registration District No. 371 Primary Registration District No. 5517 4217 Registrar's No. 63

1. PLACE OF DEATH:
(a) County Holt
(b) City or town Maitland No
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community Six Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway 74
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1202 South 30th
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Caroline Fredricka Pinkston
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced W?
6. (b) Name of husband or wife Edward Pinkston Deceased
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 9 (Day) 1863 (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	4	9	hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation House Keeper
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Harry Lowell
(b) Address Maitland Mo
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation K of P. Maitland
18. (a) Signature of funeral director Carey Hill Funeral Home
(b) Address ~~B1 South Main Maryville Mo~~ Maitland Missouri
19. (a) 5-19-41 (Date received local registrar) (b) Vern G Stout (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
year 1941 hour 4 minute a M.
21. I hereby certify that I attended the deceased from April 20, 1941, to May 18, 1941
that I last saw her alive on May 17, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma Rectum	
Due to	9 Months
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 D B Perry (M. D. or other) MD
Address Maitland Mo Date signed 5-20-41

(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 W. Dean Campbell, Registered Apprentice No. ..... working under my personal supervision.

Signed W. Dean Campbell

Licensed Embalmer No. 2620

P. O. Address Maryville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.