

Registration District No. 642

Primary Registration District No. 5851

Registrar's No. 5

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

1. PLACE OF DEATH:

(a) County Osage  
(b) City or town Argyle, Mo.  
(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 \_\_\_\_\_ (Specify whether)  
In this community 6 months  
years, months or days

8. (a) PRINT FULL NAME Elmer Joseph Pickrel

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

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

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

7. Birth date of deceased August 31st, 1872  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>11</u>	<u>12</u>	hr. min.

9. Birthplace Nevada, Mo. (City, town, or county) (State or foreign country) 6

10. Usual occupation Highway Maintaine

11. Industry or business Missouri State Highway

MOTHER FATHER

{ 12. Name Alfred Pickrel  
13. Birthplace Ohio (City, town, or county) (State or foreign country)  
14. Maiden name not known  
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant George F. Pickrel

(b) Address 4153 Mercer, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-16-41 (Month) (Day) (Year)

(c) Place: burial or cremation Argyle, Mo.

18. (a) Signature of funeral director Morton Funeral Home

(b) Address Box 144, Linn, Mo.

19. (a) Aug 12, 1941 (Date received local registrar) (b) Mary J. Frankoff (Registrar's signature) 5851

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage  
(c) City or town Argyle, Mo.  
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12, year 1941 hour 6:15 minute P. M.

21. I hereby certify that I attended the deceased from July 10, 1941 to Aug 15, 1941; that I last saw him alive on Aug 15, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to hepatic & chronic Prostatitis

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

Other conditions (Include pregnancy within 8 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature Mary J. Frankoff (M. D. or other) MD  
Address Argyle, Mo. Date signed 8/14/41

SEP 25 1941

SEP 27 1941

**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 Vernon Morton

Licensed Embalmer No. 4126

P. O. Address Lincoln

**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.**