

FILED MAR 16 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7260

Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 548
 (b) Township Palmyra Primary Registration District No. 5743 Registered No. 22
 (c) City Palmyra or (d) Street No. 73 (If death occurred in Hospital or Institution, write its name instead of street and number) St. U
 (e) Length of residence in city or town where death occurred 73 yrs. 2 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Francis Marion McPike
 (a) Residence, No. Palmyra, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (use the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice Bell Proctor
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 28, 1868
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 73 2 6
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion County, Mo.

FATHER 13. NAME Ben Thomas McPike

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Mary Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leis County, Mo.

17. INFORMANT (ADDRESS) Loak J. Pike
Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Palmyra, Mo.
Greenwood Cem. DATE 3/6/42

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Levors Men
Palmyra, Mo.

20. FILED 3/4/1942 Mrs. Margaret Maddox
Deputy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4 1942

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1941, to Mar 3, 1942

I last saw him alive on Mar 3, 1942. Death is said to have occurred on the date stated above, at 8:00 a.m.

The principal cause of death and related causes of importance were as follows:

Prostatic Arteriosclerosis
With metastases
in abdomen

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. A. Stovall, M. D.

(Address) Palmyra, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Thos. Lewis

Licensed Embalmer No. *2382*

P. O. Address *Palmyra 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, above space should be left blank.