

S. No. 2  
11-10-39  
v. 5-17-39  
K21492

10541

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED APR 14 1940

Registration District No. \_\_\_\_\_

Primary Registration District No. 4113

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Clark

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

(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 8 months  
(Specify whether years, months or days)

In this community \_\_\_\_\_

8. (a) PRINT FULL NAME Ida M. Pilcher

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced divorced

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

7. Birth date of deceased April 1-1859  
(Month) (Day) (Year)

8. AGE: Years 82 Months 11 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ W. Va.  
(City, town, or county) (State or foreign country)

10. Usual occupation housekeeper

11. Industry or business \_\_\_\_\_

12. Name John Maxwell

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

14. Maiden name Marganda Vestover

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

16. (a) Informant Lloyd Pilcher

(b) Address Brunswick St.

17. (a) Burial (b) Date thereof Mar 24-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elysian Hl.

18. (a) Signature of funeral director J. H. ...

(b) Address Clark Mo.

19. (a) 3-23-42 (b) Perry S. Bolton  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clark

(c) City or town Perry - 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. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 22  
year 42 hour 5:30 minute \_\_\_\_\_ a.m.

21. I hereby certify that I attended the deceased from 2-16 1942 to 3-22 1942  
that I last saw her alive on 3-21 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

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

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

Other conditions 72a  
(Include pregnancy within 3 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 S. H. ... (M. D. or other) Dr.

Address Clark Mo. Date signed 3-22-42

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 4-13-722

Date Filed APR 13 1942

**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.....

*Otis L. Lutting*

Licensed Embalmer No.....

*29657*

P. O. Address.....

*Lurray Mi*

**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.