

BUREAU OF THE CENSUS
FILED APR 17 1942

Registration District No. 132

Primary Registration District No. 3034

1. PLACE OF DEATH
 (a) County Randolph
 (b) City or town Moberly, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: McCormick Hospital
(If not in hospital or institution, write street number of location)
 (d) Length of stay: In hospital or institution Three Days
(Specify whether)
 In this community 38 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Randolph
 (c) City or town Rural Prairie
(If outside city or town limits, write "RURAL")
 (d) Street No. RFD #5 Moberly
(If rural, give location)
 (e) If foreign born, how long in U. S. A. 1 years.

3. (a) PRINT FULL NAME BENJAMIN PINKERTON
 3. (b) If veteran, name war None
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 24th
 year 1942 hour 12 minute 30 A.M.

4. Sex Male 5. Color of race White
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Maud Pinkerton
 6. (c) Age of husband or wife if alive 54 years
 7. Birth date of deceased Nov. - 3 - 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 18th 1942 to March 23 1942
 that I last saw him alive on March 23 1942
 and that death occurred on the date and hour stated above.

8. AGE	Years	Months	Days	If less than one day
	<u>63</u>	<u>4</u>	<u>21</u>	hr. _____ min. _____

Immediate cause of death Hernia, Intestinal Obstruction
 Due to _____
 Due to _____

9. Birthplace Kansas
(City, town, or county) (State or foreign country)
 10. Usual occupation Labor

Other conditions 122 & 2
(Include pregnancy within 3 months of death)

MOTHER FATHER
 11. Industry or business _____
 12. Name Unknown
 13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

Major findings: 122 & 2
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Gaster Irons
 (b) Address #33 E. Rollins Moberly, Mo.
 17. (a) Burial (b) Date thereof Mar-26-42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Iron Cemetery
 18. (a) Signature of funeral director Spow Funeral Home
 (b) Address Moberly, Mo.
 19. (a) 3-22-42 (b) Irma Nave
(Date received local registrar) (Registrar's signature)

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 Benj. S. Gally (M.D. or other) DO
 Address 301 W. Reed Moberly, Mo Date signed 3/24/42

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

RECEIVED

District Health Officer No. 10

District File Number 4-10-836

APR 15 1942

Date Filed _____

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 _____

R. M. Cater

Licensed Embalmer No. _____

4117

P. O. Address _____

Moberly 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, fact should be so stated above.