

Registration District No. 21842

Primary Registration District No. 3018

1. PLACE OF DEATH:
 (a) County: COOPER
 (b) City or town: BOONVILLE
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: ST. JOSEPH'S HOSPITAL
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: 1 DAY
(Specify whether years, months or days)
 In this community: 1 DAY

2. USUAL RESIDENCE OF DECEASED:
 (a) State: MISSOURI (b) County: COOPER 27
 (c) City or town: BLACKWATER (RURAL) 9
(If outside city or town limits, write "RURAL")
 (d) Street No.: 5 miles south of Blackwater
(If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country: 0

3. (a) PRINT FULL NAME: FLOYD JESSE PILKENTON
 3. (b) If veteran, name war: NONE
 3. (c) Social Security No.: NONE

4. Sex: MALE
 5. Color or race: WHITE
 6. (a) Single, widowed, married, divorced: SINGLE
 6. (b) Name of husband or wife: _____
 6. (c) Age of husband or wife if alive: _____ years
 7. Birth date of deceased: JULY 15 1936
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	5	9	4	hr. min.

9. Birthplace: BLACKWATER MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation: CHILD

11. Industry or business: AT HOME

MOTHER FATHER {
 12. Name: MILLARD PILKENTON
 13. Birthplace: WISE COUNTY VIRGINIA
(City, town, or county) (State or foreign country)
 14. Maiden name: LUCILLE FOOT
 15. Birthplace: POTTIS COUNTY MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant: MILLARD PILKENTON
 (b) Address: BLACKWATER, MO

17. (a) BURIAL (b) Date thereof: APRIL 22, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: PENINSULA CEMETERY

18. (a) Signature of funeral director: STEGNER & KOENIG
 (b) Address: BOONVILLE, MO.

19. (a) Apr. 21-42 (b) Dr. Chas. Swap.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month: APRIL day: 20
 year: 1942 hour: 3 minute: 20 A.M.

21. I hereby certify that I attended the deceased from 8:00 am 4/19 1942 to 3:30 am 4/20 1942
 that I last saw him alive on _____ 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death: Encephalitis
 Duration: _____

Due to: Bilateral pneumonia

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?
 While at work? _____
(Specify type of place) (e) Means of injury

23. Signature: Wesley A. Barton (M. D. or other)
 Address: Boonville, Mo. Date signed: 4/21/42

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

1088

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-4-42

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 _____

James W. Stegner

Licensed Embalmer No. 3780

P. O. Address Boonville, Mo

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

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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14142

Registration District No. 218

Primary Registration District No. 2015

Registrar's No. _____

1. PLACE OF DEATH: Cooper.
 (a) County Boonville
 (b) City or town Boonville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Joseph Hosp. Boonville, Mo
 (If not in hospital or institution, write street number & location)
 (d) Length of stay: In hospital or institution 10 hours
 In this community 6 yrs.
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State _____ (b) County _____
 (c) City or town _____
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Floyd J Pilkenton
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Apr. Day _____
 year 1942 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____, 19____;
 that I last saw him _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 8
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 15 1933
 (Month) (Day) (Year)

8. AGE: Years 5 Months 9 Days _____ If less than one day _____ min.
 hr.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____ (State or foreign country)

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

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
 (Date received local registrar) (Registrar's signature)

Duration _____
encephalitis (non-epidemic)
 Due to Bacteremia
 Due to Pneumococcus (suspected)
 Other conditions _____
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
80 lb
 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? _____

While at work? _____ (Specify type of place) _____
 Means of injury _____

23. Signature Wesley Barton (M. D. or other) _____
 Address Boonville, Mo Date signed 4-21-42

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

SUPPLEMENTARY

MOTHER FATHER

