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22546

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 901 Primary Registration District No. 6210 Registrar's No. 21

112

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

1. PLACE OF DEATH:
(a) County Webester
(b) City or town Rural - West Dallas
(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 (Specify whether
In this community all her life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Webester 112
(c) City or town Rural 0
(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 0

3. (a) PRINT FULL NAME MAXIE Willie Pilkinton.
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F. 1
5. Color or race W.
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife John Pilkington
6. (c) Age of husband or wife if alive 26 years
7. Birth date of deceased Sept (Month) 13 (Day) 1916 (Year)

8. AGE: Years 25' Months 8 Days 7 If less than one day hr. min.

9. Birthplace Fordland (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name W. C. Stennett
13. Birthplace Webester Co (City, town, or county) Mo 0 (State or foreign country)
MOTHER
14. Maiden name Anna McMillen
15. Birthplace Howell Co (City, town, or county) Mo 0 (State or foreign country)
16. (a) Informant Mrs Anna Stennett
(b) Address Fordland Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27-42 (Month) (Day) (Year)
(c) Place: burial or cremation Stewart Cem
18. (a) Signature of funeral director Kelley - Turrell
(b) Address Seymour Mo
19. (a) June 9-1942 (Date received local registrar) (b) Susie O Beuch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25' year 1942 hour 7 minute P.M.
21. I hereby certify that I attended the deceased from ?, 19, to ?, 19; that I last saw her alive on ?, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	2 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

13 f

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

23. Signature Howard J Mason DO (M.D. or other) DO
Address Fordland. Date signed 6-4-42

1041

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 742-907
Date Filed JUL 7 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 T. K. Kelley

Licensed Embalmer No. 3334

P. O. Address Seymour 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.