S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 10 1942

Registration District No. 347

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3018

State File No. 24403

Registrar's No. 149

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton city
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1201 - north. Carter St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether years, months or days)
In this community 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Henry
(c) City or town Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. 201 N. Carter St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM LEE PINKSTON
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex MALE
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of ~~husband or~~ wife WIFE
6. (c) Age of ~~husband or~~ wife if living 72 years
MOLLIE GENEVA PINKSTON
7. Birth date of deceased Dec (Month) 18 (Day) 1863 (Year)

8. AGE: Years	Months	Days	If less than one day
78	6	17	hr. min.

9. Birthplace Henry Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation GRAIN DEALER
11. Industry or business WILLIAM B. PINKSTON
FATHER
12. Name
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name LUCINDA GUTHRIE
15. Birthplace Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Basil Pinkston
(b) Address Dallas Texas
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-7-42 (Month) (Day) (Year)
(c) Place: burial or cremation Englewood Cem.
18. (a) Signature of funeral director W. A. Vansant
(b) Address Clinton Mo.
19. (a) July 6, 1942 (Date received local registrar) (b) Georgia Kitchen (Registrar's signature)

1069

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5 year 1942 hour 3:30 minute P.M.
21. I hereby certify that I attended the deceased from ——, 1935 to July 5, 1942 that I last saw him alive on July 5, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic myocarditis	7 yrs
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death) none	

Major findings:
Of operations none
Of autopsy none

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) No
(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 S. B. Hughes (M. D. or other) M.D.
Address Clinton, Mo. Date signed July 6, 1942

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 8-42-884
Date Filed 8-7-42

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~~ Personally, Registered Apprentice No. ..... working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 3779

P. O. Address Clinton 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.