

FILED SEP 11 1942

Registration District No.

Primary Registration District No. 6562

47
0
0

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

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Rural; Arcadia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 11 miles South/East of Arcadia
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Iron

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 11 miles South East of Arcadia
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME James Marion Pinkley

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

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

6. (b) Name of husband or wife. 0 6. (c) Age of husband or wife if alive 0 years

7. Birth date of deceased. 10-28-1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	66	9	22	
				hr. min.

9. Birthplace Reynolds Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business

MOTHER FATHER { 12. Name Michael Pinkley

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)

16. (a) Informant C.M. Pinkley
(b) Address Ironton Mo.

17. (a) burial (b) Date thereof 8-21-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arcadia Mo.

18. (a) Signature of funeral director none
(b) Address Ironton Mo.

19. (a) 8-27-42 (b) Virginia R. Miller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20
year 1942 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from Aug. 15th
1942 to Aug. 20th 1942
that I last saw him alive on Aug. 15th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death acute cardiac failure
Due to Hypertensive heart disease 8/20/42
chronic myocarditis? ??

Other conditions (Include pregnancy within 3 months of death)
chronic myocarditis?

Major findings: Of operations 930
Of autopsy 0

PHYSICIAN 0
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? 0 (Specify type of place) (e) Means of injury 0

23. Signature P. E. Farland (M. D. or other) my 20
Address Ironton, Mo. Date signed 8/21/42

1289

RECEIVED

District Health Officer No. 4
District File Number 942-1136
Date Filed 9-8-72

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.....

Was not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed Paul J. White
Licensed Embalmer No. 2012
P. O. Address Ember Cove

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.