

S. No. 2  
M-5-42  
v. 5-17-39  
X32873

40634

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JAN 11 1943  
Registration District No. 19

Primary Registration District No. 4168

Registrar's No. 67

32  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County DeKalb  
(b) City or town Maysville 1 le  
(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 42yrs  
In this community 42yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County DeKalb  
(c) City or town Maysville  
(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 Ulysses Grant Pilcher  
3. (b) If veteran, name war  
3. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec day 10  
year 1942 hour 4:15 minute P. M.  
21. I hereby certify that I attended the deceased from Jan 8, '30  
19 to Dec 10, 1942  
that I last saw him alive on Dec 10, 1942  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mollie G. Pilcher  
6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased Feb. 2 1867  
(Month) (Day) (Year)

Immediate cause of death  
Perforation of Stomach  
probably due to carcinoma  
Duration ?

8. AGE: Years 75 Months 19 Days 8  
If less than one day hr. min.

Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings:  
Of operations  
Of autopsy

9. Birthplace DeKalb Co. Mo.  
(City, town, or county) (State or foreign country)  
10. Usual occupation Retired Merchant

PHYSICIAN  
Underline the cause to which death should be charged statistically.

11. Industry or business Furniture & Undertaking  
12. Name Hugh W. Pilcher  
13. Birthplace Penn.  
(City, town, or county) (State or foreign country)  
14. Maiden name Hannah Knight  
15. Birthplace Andrew Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant C.T. Pilcher  
(b) Address Maysville Mo.

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?

17. (a) Burial (b) Date thereof 12-14-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Memorial Park, St. Joseph, Mo.

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

18. (a) Signature of funeral director  
(b) Address  
19. (a) 12/14/42 (b) (Registrar's signature)

23. Signature (M. D. or other)  
Address Maysville Mo Date signed 12/12/42

1248 (Licensed Embalmer's Statement on Reverse Side)

**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.....

*Dec 10 1942*

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Frank J. Bowring*

Licensed Embalmer No. *1750*

P. O. Address *St. Joseph 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.**