

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 168
Registrar's No. 423

Registration District No. 149
Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
1201 Garfield Avenue Apt. # 22
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution, _____ (Specify whether
In this community 38 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1201 Garfield Avenue - Apt. # 22
(If rural, give location)

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

3. (a) PRINT FULL NAME Mr. John James Pinkston

3. (b) If veteran, name war No

3. (c) Social Security No. 486-10-5937

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Mrs. Bertha Pinkston

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 17 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>63</u>	<u>11</u>	<u>23</u>	_____ hr. _____ min.

9. Birthplace Sheridan County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Doorman

11. Industry or business Continental Hotel

12. Name John Pinkston

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

14. Maiden name Mary F. Herron

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

16. (a) Informant Arthur L. Redden

(b) Address 3436 Wayne

17. (a) Burial (b) Date thereof Jan. 12, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director W. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 1-12-43 (b) M. H. Browne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9th
year 1943 hour 11 minute P.M.

21. I hereby certify that I attended the deceased from _____, 19____ to Jan 9, 1943
that I last saw him alive on Jan 9, 1943, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Myocarditis

Due to Senile arteriosclerosis

Due to 920

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____

Of autopsy _____

Duration _____

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 [Signature] (M. D. or other) _____
Address 1401 S.W. Blvd Date signed 1/11/43

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..... *C. Hervey Quisenberry*

Licensed Embalmer No. *4070*

P. O. Address..... *A. C. M.*

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.