

2. No. 2
-1-4-41
5-17-39
PI X25190

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2078

State File No. _____

Registration District No. 24/61

Primary Registration District No. 447418

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Dallas
(b) City or town Buffalo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dallas
(c) City or town Buffalo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Samuel Erach Pinkerton

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

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Almira 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 8 1 1860
(Month) (Day) (Year)

8. AGE: Years 82 Months 1 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Bloomington ILL
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____
12. Name Hiram Pinkerton
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant Almira Pinkerton
(b) Address Buffalo Mo
17. (a) Burial (b) Date thereof 9-8-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Lawn

18. (a) Signature of funeral director L. B. Jones
(b) Address Buffalo Mo
19. (a) 9/17/42 (b) Helen Davis
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 6
year 1942 hour 8 minute 7 M.

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

Immediate cause of death Chronic Nephritis

Due to Chronic Cystitis

Due to Hypertrophy of the prostate 15 yrs.

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) D.O.
Address Buffalo, Mo. Date signed 9/17/42

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

30
0
0
0

1089

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No.

District File Number 12-42-1374

Date Filed 1-12-43

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

Selyde Montgomery

Licensed Embalmer No. 3592

P. O. Address.....

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.