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21492

FILED MAR 10 1943

State File No. _____

Registration District No. 2

Primary Registration District No. 4009

Registrar's No. 17

1. PLACE OF DEATH:

(a) County ANDREW

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

(c) Name of hospital or institution: Nichols Sanitorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 DAYS
(Specify whether years, months or days)

In this community 8 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. 3000 Linwood Boulevard
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Joseph William Pickett

8. (b) If veteran, name war n.

3. (c) Social Security No. no

4. Sex MO 5. Color or race W

6. (a) Single, widowed, married, divorced 2 divorced W

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

7. Birth date of deceased: 3-8-1863
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Winchester 1911
(City, town, or county) (State or foreign country)

10. Usual occupation Retired SAILSMAN

11. Industry or business Road Machinery

12. Name Edward Bluford Pickett

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

14. Maiden name Susan Record

15. Birthplace Winchester 1 Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur William Pickett

(b) Address 18 Masterton Road Pringville n. y

17. (a) Pringville n. y (b) Date thereof 2-10-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mexico mo

18. (a) Signature of funeral director E. G. Brest

(b) Address Savannah mo

19. (a) Feb-10-43 (b) J. N. Fitchman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 10
year 1943 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb-1
1943 to Feb 10 1943

that I last saw him alive on Feb-9 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: acute regurgitation diabetic coma
Diabetic melitus
Epitheloma of face & lip

Due to Hyperpiasia

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

Major findings: _____
Of operations: _____

Of autopsy: _____

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 J. B. Manning (M. D. or other) _____

Address Savannah mo Date signed 2/10/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1072

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.....

Licensed Embalmer No. 2650

P. O. Address Savannah

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.