. S. No. 2
M—1-4-41
ev. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9254

FILED MAR 20 1943

Registration District No. 1419

Primary Registration District No. 1002

Registrar's No. 1233

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: St Mary's Hosp D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 days (Specify whether
In this community 30 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County 8 78 19

(c) City or town Osawatomie 3
(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 2

3. (a) PRINT FULL NAME Norman E. Pinneo

3. (b) If veteran, name war no -

3. (c) Social Security No. 702-14-9120

4. Sex Male

5. Color or race Wht

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

6. (b) Name of husband or wife Sucinda Pinneo

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased July (Month) 1 (Day) 1884 (Year)

8. AGE: Years 58 Months 8 Days 10 If less than one day hr. min.

9. Birthplace Waystaff (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Machinist

11. Industry or business Mo Pacific RR

FATHER
12. Name William B. Pinneo
13. Birthplace (City, town, or county) Canada (State or foreign country)

MOTHER
14. Maiden name Wilhelmina Boogen
15. Birthplace (City, town, or county) Canada (State or foreign country)

16. (a) Informant Sucinda Pinneo

(b) Address Osawatomie Kansas

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-11-43 (Month) (Day) (Year)

(c) Place: burial or cremation Osawatomie Kans

18. (a) Signature of funeral director Simmons F Home

(b) Address K. C. Kansas

19. (a) 3-11-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11 year 1943 hour 3:30 minute A M.

21. I hereby certify that I attended the deceased from Feb. 12, 1943, to Mar 11, 1943, that I last saw him alive on March 10, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of right lung with lung abscess	6 mo? 2 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy see above diagnosis

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. E. Castles (M. D. ~~or other~~)

Address 1002 Argyle Bldg Date signed 3-11-43

361

(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 me

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

working under my personal supervision.

Signed Howard H. Simmons

Licensed Embalmer No. 3903

P. O. Address K. C. Kansas.

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.