

FILED APR 12 1943

Registration District No. **230**

Primary Registration District No. **5-8674386**

Registrar's No. _____

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

75
0

1. PLACE OF DEATH:
(a) County **Oregon**
(b) City or town **Thayer**
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ (Specify whether)
In this community **8 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED: **75**
(a) State **Missouri** (b) County **Oregon**
(c) City or town **Thayer (Rural)** (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 **Albert Pingleton**

3. (b) If veteran, name war **--** 3. (c) Social Security No. **488.16.546.5**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Bessie Cox** 6. (c) Age of husband or wife if alive **49** years

7. Birth date of deceased **5 23 1885**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	57	8	16	_____ hr. _____ min.

9. Birthplace **Alton Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Jeff Pingleton**

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

14. Maiden name **Paralee Tillman**

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

16. (a) Informant **John Pingleton**

(b) Address **Thayer, Mo.**

17. (a) **Burial** (b) Date thereof **2/11/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bailey Cem.**

18. (a) Signature of funeral director **Leo Carr**

(b) Address **Thayer, Mo.**

19. (a) **3-17-1943** (b) **Zae D. Williams**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **9**
year **1943** hour **11** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **1942**
July 19**43**, to **July 4** 19**43**;
that I last saw him alive on **July 4** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Laceration of stomach**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **46 f**

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 **H. H. Hull** (M. D. or other) **Hull**

Address **Maymont Spring** Date signed **3/1/43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1112

RECEIVED

District Health Officer No. 5,

District File Number 443223

Date Filed 7-9-43

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.....

Licensed Embalmer No.....

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.