

7. S. No. 2
OM-5-42
er. 5-17-39
PI X328

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15007**

FILED APR 29 1943

Registration District No. **245**

Primary Registration District No. **5836**

Registrar's No. **27**

73
09
00
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Newton**

(b) City or town **Neosho RFD # 1**

(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. **50 yrs** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Sally Ann Pinnel**

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex **Female**

5. Color or race **white**

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

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

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

7. Birth date of deceased **May 16th 1864**

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	10	5hr.min.

9. Birthplace **Louisville Kentucky**

(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business.....

12. Name **Mason Bailey**

13. Birthplace **Kentucky**

(City, town, or county) (State or foreign country)

14. Maiden name **Matilda Tutt**

15. Birthplace **Kentucky**

(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. C. N. Wallace**

(b) Address **Neosho RFD #3**

17. (a) **burial** (Burial, cremation, or removal)

(b) Date thereof **Mar 22 1943** (Month) (Day) (Year)

(c) Place: burial or cremation **Neosho Mo IOOF Cem**

18. (a) Signature of funeral director **[Signature]**

(b) Address **Seneca Mo**

19. (a) **4-16-'43** (Date received local registrar)

(b) **[Signature]** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Newton**

(c) City or town **Seneca Mo RFD**

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

(d) Street No. **4 Mi East** (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **21st**

year **1943** hour **1:30** minute **P** M.

21. I hereby certify that I attended the deceased from **Dec-1 1941** to **Mar 21 1943**

that I last saw her alive on **Jan-3 1943**

and that death occurred on the date and hour stated above.

Immediate cause of death **Diabetes Mellitus**

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) **61**

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 **Seneca Mo** Date signed **3-25-43**

Date Received APR 26 1943

File no. 443-68

APR 28 1943

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.