

S. No. 2
4-5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18183

State File No.

Registrar's No. 33

FILED JUN 11 1948
Registration District No. 163

Primary Registration District No. 2031

1. PLACE OF DEATH:

(a) County Jefferson

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

(c) Name of hospital or institution: None
901 North Second
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether)

In this community 18 Years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

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

(d) Street No. 901 North Second
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME ALDA ALBINA PILGRIM

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
year 1943 hour 4 minute 45 A.M.

4. Sex Female Color or race White

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

6. (b) Name of husband or wife John Mathew Pilgrim

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

7. Birth date of deceased April 19 - 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1933 19 5-18 19 43
that I last saw W alive on 5-18 19 43
and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 7 Days 29
If less than one day hr. min.

Immediate cause of death Pneumonia (Bronchial)

Duration 10 hrs

9. Birthplace Earlville Iowa
(City, town, or county) (State or foreign country)

Due to Essential Hypertension, 20 yrs

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation At Home

Major findings: Of operations 107

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business

12. Name Alson Burr Scott

13. Birthplace Friendship New York
(City, town, or county) (State or foreign country)

14. Maiden name Sharlotte Horsnell

15. Birthplace Essex England
(City, town, or county) (State or foreign country)

16. (a) Informant Geo. M. Vaughn

(b) Address 901 N. 2nd DeSoto, Mo.

17. (a) Burial Elton (China C.) Ia. (b) Date thereof May-19-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director Lee Mothershead

(b) Address DeSoto, Mo.

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 Chas. E. Gallit (M. D. or other)

Address DeSoto, Mo. Date signed 5/18/43

19. (a) 5-19-43 (b) Vern Spencer
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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 *J. E. Motherhead*
Licensed Embalmer No. *3531*
P. O. Address *Desoto*

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.