

FILED SEP 10 1943 288

Registration District No. 288

Primary Registration District No. 59-18-5731

Registrar's No. 23

1. PLACE OF DEATH:
(a) County Polk
(b) City or town Fair Play, Madison
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED: 84
(a) State _____ (b) County _____
(c) City or town _____ (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 John Henry Pickering
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Rosa Lee Pickering 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Feb. II 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 6 13 hr. min.

9. Birthplace Polk County, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Johnathon Pickering
13. Birthplace Polk County, Mo. (City, town, or county) (State or foreign country)
14. Maiden name Margrett Holmes
15. Birthplace Polk County, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Eunice Potts,
(b) Address Fair Play, Mo.

17. (a) Burial (b) Date thereof 8-26-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Barren Creek, Cemetary

18. (a) Signature of funeral director Barber, Erwin + Blue
(b) Address Fair Play, Mo.

19. (a) 9-3-1943 (b) Lucille Brown
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 25
year 1943 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from Dec 1942 to Aug 25, 1943
that I last saw him alive on June 1, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Malignant tumor of Brain

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 548

Duration 89 mo

PHYSICIAN { Major findings: _____
Of operations _____
Of autopsy _____
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 8

23. Signature Doyle C. McGraw M. D. or other _____
Address 8/1/43 Date signed _____

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

RECEIVED

District Health Officer, No. 7,

District File Number

Date Filed

8-43921
4-9-43

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

Willard B. Cowan

Licensed Embalmer No.

3093

P. O. Address

Calmar, Mo.

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.

Registration District No. 288

Primary Registration District No. 5918

1. PLACE OF DEATH:

(a) County Polk
(b) City or town Rural
(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 _____ (Specify whether _____)
years, months or days)

3. (a) PRINT FULL NAME John H. Pickering

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased Feb. 11
(Month) (Day) (Year)

8. AGE: Years 59 Months 6 Days 11 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 9-3-1943 (Date received local registrar) (b) Lucille Brown (Registrar's signature) m b h

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Polk
(c) City or town Fair Play (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____ year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 _____ (M. D. or other)

Address _____ Date signed _____

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

SUPPLEMENTARY

