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No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 19 1943

Registration District No. 374

Primary Registration District No. 6276

Registrar's No.

1. PLACE OF DEATH:

(a) County Worth

(b) City or town Rural East Union Mo
(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 60 yrs years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Worth

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

(d) Street No. Grant City, Mo.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME IDA M. CHICKEN

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22 year 1943 hour 2:00 minute 9 M.

21. I hereby certify that I attended the deceased from March 10 1943 to Oct 22 1943; that I last saw her alive on Oct 21 1943; and that death occurred on the date and hour stated above.

4. Sex fm 5. Color or race W 6. (a) Single, widowed, married 2 divorced Widowed

6. (b) Name of husband or wife Lewis Chicken 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased March 12 1897
(Month) (Day) (Year)

Immediate cause of death Cancer of Stomach 3 yrs Duration

Due to ✓

Due to ✓

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

8. AGE: Years Months Days If less than one day

86 7 10 hr. min.

9. Birthplace Peekskill N.Y.
(City, town, or county) (State of foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John G. Pinkney

13. Birthplace Union N.Y.
(City, town, or county) (State of foreign country)

14. Maiden name Willa G. Pinkney

15. Birthplace Halsburgh N.Y.
(City, town, or county) (State of foreign country)

16. (a) Informant Carl Chicken

(b) Address Grant City, Mo.

17. (a) Rural (b) Date thereof 10-24-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grant City Cemetery

18. (a) Signature of funeral director Arch C. Dunfee

(b) Address Grant City, Mo.

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: ✓

Of operations _____

Of autopsy no

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 P. Ross (M. D. or other) _____

Address Grant City Mo Date signed Oct 22 43

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

MOTHER FATHER

11 12 K

(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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Arch C. Temple*

Licensed Embalmer No. *3250*

P. O. Address *Front City, 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.