

No. 2  
1-5-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41222

State File No. \_\_\_\_\_

FILED DEC 22 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 5097

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Lake Side Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 days  
(Specify whether \_\_\_\_\_)

In this community 30 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence 4  
(If outside city or town limits, write "RURAL")

(d) Street No. 1336 S. Noland 4  
(If rural, give location)

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

3. (a) PRINT FULL NAME ADDIE C. PINNEY

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1  
year 1943 hour 11 minute 55 A.M.

4. Sex Female 5. Color or type White

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

6. (b) Name of husband or wife Albert H. Pinney

6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased Feb. 12-1876  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 1943 to Dec. 1, 1943  
that I last saw her alive on Nov 30 1943  
and that death occurred on the date and hour stated above.

8. AGE: Years 67 Months 9 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death myocardial failure Duration \_\_\_\_\_

Due to cardio-vascular renal syndrome

9. Birthplace Alton Illinois 1  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

Due to \_\_\_\_\_

Other conditions 131a  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

12. Name John Crawford

13. Birthplace Oxford England 4  
(City, town, or county) (State or foreign country)

14. Maiden name Marjorie Wheatley

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

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Basil H. Pinney

(b) Address Billings Moot

17. (a) Removal (b) Date thereof Dec. 3, 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elsab, Illinois

18. (a) Signature of funeral director Geo. C. Carson

(b) Address Independence Mo.

19. (a) 12-3-43 (b) T. E. Brown  
(Date received local registrar) (Registrar's signature)

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 E. D. Pinner (M.D. or other) ED  
Address 3309 E 12th Date signed 12/3/43

Wm. Edward Reeves  
3 20 1/2 E. 12<sup>th</sup> St  
130 P.O. 211

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 Floyd C. Larson  
Licensed Embalmer No. H 199  
P. O. Address Independence, 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.