

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1516 BROADWAY 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 1 YEAR years, months or days)

3. (a) PRINT FULL NAME MR. CHARLES MARION PICKERING
3. (b) If veteran, name war No 3. (c) Social Security No. 700-18-2188

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced DIVORCED
6. (b) Name of husband or wife MRS. Mrs. Marie Pickering 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased MAY-8-1880
(Month) (Day) (Year)

8. AGE: Years 63 Months 8 Days 16 If less than one day hr. _____ min.

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

10. Usual occupation CREAMERY OPERATOR

11. Industry or business _____

MOTHER FATHER { 12. Name GEORGE W. PICKERING
13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)
14. Maiden name MARTHA E. HADLEY
15. Birthplace MATON ILLINOIS
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. H. B. Pegg
(b) Address Trinity Lutheran

17. (a) Remove (b) Date thereof 1-26-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland Park - Pittsburg

18. (a) Signature of funeral director Wm. Newcomer Sons Co
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 1-25-44 (b) T. E. Brown (V3)
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 1516 BROADWAY
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 24TH
year 1944 hour 8 minute 00 P.M.

21. I hereby certify that I attended the deceased from Jan 22, 1944 to Jan 24, 1944
that I last saw him alive on Jan 23, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion ?
Duration _____

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

Major findings:
Of operations _____
Of autopsy 94a
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? _____

(Specify type of place) _____
(e) Means of injury _____

23. Signature T. E. Brown (M. D. or other) _____
Address 2045 Date signed Jan 27 1944

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

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 *H. C. Newcomer Jr*
Licensed Embalmer No. *4043*
P. O. Address *H. C. New*

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.