

FILED FEB 14 1944

Registration District No. 257

Primary Registration District No. 5867

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Oregon
(b) City or town Thayer (Rural) Thayer
(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 _____
In this community 9 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon
(c) City or town Thayer (Rural)
(d) Street No. _____
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME Bessie Louise Pingleton

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 1 1891
(Month) (Day) (Year)

8. AGE: Years 52 Months 11 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Henry County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business _____

MOTHER FATHER { 12. Name Nathan Cox
13. Birthplace Emporia Kansas
14. Maiden name Mary Esslinger
15. Birthplace Lebanon Missouri

16. (a) Informant John Pingleton
(b) Address Thayer, Mo.

17. (a) Burial (b) Date thereof 12/10/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ballley Cem.

18. (a) Signature of funeral director Geo. Carr

(b) Address Thayer, Mo.

19. (a) 2-5-44 (b) Jae D. Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9
year 1943 hour 12 minute 01 A.M.

21. I hereby certify that I attended the deceased from Dec 6
1943 to Dec 19 1943
that I last saw him alive on Dec 19 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia Myocarditis Duration 2 days 6 months

Due to Secondary Anemia

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? _____
(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 0

23. Signature J. W. Pappas M.D. (M. D. or other) _____
Address Thayer, Mo. Date signed 1-5-44

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

200

75

0

1

938

1112

RECEIVED

District Health Officer No. 5,

District File Number 244148

Date Filed 2.10.44

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.....

Licensed Embalmer No.....

P. O. Address.....

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.