

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

1. PLACE OF DEATH:

(a) County Macon

(b) City or town Eagle Twp
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon

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

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

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

3. (a) PRINT FULL NAME Dan Pinkerman

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24
year 1944 hour 11:40 minute 2 M.

4. Sex male 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: Nov 25 - 1858
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 22 to Feb 24, 1944, and that death occurred on the date and hour stated above.

8. AGE: Years 85 Months 2 Days 29 If less than one day _____ hr. _____ min.

Immediate cause of death MI

Due to Demility

Due to _____

9. Birthplace Scott Co. Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

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

Major findings: _____

11. Industry or business _____

12. Name Jacob Pinkerman

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

14. Maiden name Don't know

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

Physician _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Roy Pinkerman

(b) Address RR Atlanta Mo

17. (a) burial (b) Date thereof Feb 26-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Labay Cem

18. (a) Signature of funeral director Robert St...

(b) Address Macon Mo

19. (a) 3/4/44 (b) Jora B. Hunkler
(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 0

23. Signature G. L. ... (M. D. or other) _____
Address Atlanta Missouri Date signed 2-25-44

1637

RECEIVED

District Health Officer No. 10

District File Number 3-44-528

Date Filed MAR 10 1944

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..... *Carlton M. Murrin*

Licensed Embalmer No. 3414

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.