

S. No. 2
OM-5-43
v. 5-17-39
1 X38671

7804

State File No. _____

FILED MAR 13 1944
Registration District No. 37

Primary Registration District No. 5799

Registrar's No. 9

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

1. PLACE OF DEATH:

(a) County Monroe

(b) City or town Rural - Marion 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 Lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:

(g) State Missouri (b) County Monroe

(c) City or town Madison - rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME Lucy Ellera Pickett

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female / Color or race white

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

6. (b) Name of husband or wife A. D. Pickett

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

7. Birth date of deceased 8-26-1895
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19
year 1944 hour 9 minute 20 a. M.

21. I hereby certify that I attended the deceased from June 1943
February 1943 to Feb 19 1944
that I last saw her alive on Feb 19 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 85 Months 5 Days 23
If less than one day hr. _____ min. _____

Immediate cause of death Cancer of Liver

Due to _____

Due to _____

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

9. Birthplace Monroe Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business housewife

12. Name Lucy Ellera Pickett

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

14. Maiden name Abela Jennings

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations none

Of autopsy none

16. (a) Informant Lucy Pickett

(b) Address Caro Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/21/1944
(Month) (Day) (Year)

(c) Place: burial or cremation Coke Grove

18. (a) Signature of funeral director Wesley Thompson

(b) Address Madison 2nd

19. (a) 2/21/44 (Date received local registrar)

(b) Wesley Thompson (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 M. A. Walcott M.D. (Date received local registrar)

Address Moberly Mo. Date signed 2-21-44

11260 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Public Health Officer No. 10

Case File Number 8-44-565

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.....

Mrs. L. H. Thompson

Licensed Embalmer No. 3282

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.