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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18919

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

FILED JUN 14 1944

Registration District No. 282

Primary Registration District No. 5970

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Polk

(b) City or town Rural Cligant Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 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 \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Polk <sup>84</sup>

(c) City or town 1/2 mile West of Cligant  
(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 James Alexander Pickering

3. (b) If veteran name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25  
year 1943 hour 5 minute 50 P.M.

21. I hereby certify that I attended the deceased from July  
1943 to Nov 25 1943  
that I last saw him alive on Nov 21 1943  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Agnes 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased: Feb. (Month) 18 (Day) 1870 (Year)

Immediate cause of death: acute lymphatic leukemia Duration 6 mo

8. AGE: Years 73 Months 10 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

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

Other conditions (Include pregnancy within 3 months of death) 74

9. Birthplace: Cligant Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Major findings:  
Of operations \_\_\_\_\_

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

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

12. Name Ernest Pickering

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

14. Maiden name Elizabeth Devoth

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

16. (a) Informant Agnes Pickering

(b) Address Cligant Mo

17. (a) Salem (b) Date thereof Nov 28 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem

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)

While at work? \_\_\_\_\_ (e) Means of injury 0

18. (a) Signature of funeral director Dutcherson & Co.

(b) Address Bolivar Mo

19. (a) May 8, 1944 (b) Alice Palen  
(Date received local registrar) (Registrar's signature)

23. Signature Boyle McCreaw (M. D. or other) \_\_\_\_\_

Address Bolivar Mo Date signed 5-8-44

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

1294

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 71

District File Number 5-44-743

Date Filed 6-12-44

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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 John P. Pitts

Licensed Embalmer No. 3746

P. O. Address Bolton, Md.

**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.