S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18941

State File No.

FILED JUN 12 1944

Registration District No. 991

Primary Registration District No. 4433

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Putnam

(b) City or town Unionville
(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 Life Time years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam 86

(c) City or town Unionville 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country — 0

3. (a) PRINT FULL NAME Geraldine Pinson

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 single

6. (b) Name of husband or wife —

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

7. Birth date of deceased October (Month) 25 (Day) 1923 (Year)

8. AGE: Years 20 Months 6 Days 8 If less than one day hr. min.

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

10. Usual occupation Invalid

11. Industry or business

FATHER
12. Name Loren Pinson
13. Birthplace Knox County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Gladys Stuckey
15. Birthplace Putnam County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Loren F. Pinson
(b) Address Unionville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Unionville Cemetery

18. (a) Signature of funeral director Comstock Funeral Home
(b) Address Unionville, Mo. By J. W. Comstock

19. (a) 6/3/44 (Date received local registrar) (b) [signature] (Registrar's signature)

1099

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3 year 1944 hour minute M.

21. I hereby certify that I attended the deceased from Oct - 20 - 1923, to May - 3 - 1944 that I last saw her alive on May - 3 - 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Nephritis	7 yrs
Due to	
Due to	
Other conditions Invalid from birth (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

131 b

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)

While at work? (e) Means of injury

23. Signature Neal L. Martin (M. D. or other)

Address Unionville Date signed 5/8/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-44-1057
Date Filed JUN 9 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 James W Comstock

Licensed Embalmer No. 4197

P. O. Address Yucomville, Mo.

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.