

S. No. 2
M-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28056

State File No.

Registrar's No. 184

FILED SEP 14 1944
Registration District No. 7

Primary Registration District No. 3028

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: McCune-Brooks Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 Days
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 708 W. Central Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME DR. WALTER BLANCHARD PINGREE

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Maude Williams Pingree

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased MAY 1, 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

58 3 11 hr. min.

9. Birthplace Ring Gold Co., Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Optometrist

11. Industry or business _____

MOTHER FATHER { 12. Name Frances E. Pingree

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

14. Maiden name Eleanor Harter

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

16. (a) Informant Mrs. W. B. Pingree

(b) Address 708 W. Central, Carthage, Mo.

17. (a) Burial (b) Date thereof 8-14-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Mo.

19. (a) Aug. 12 '44 (b) E. Elizabeth Coupland
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12,
year 1944 hour 3:30 minute A. M.

21. I hereby certify that I attended the deceased from July 17, 1944, to Aug 12, 1944,
that I last saw him alive on Aug 11, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure Duration 3 wks

Due to Endocarditis (mitral-aortic) 25 yrs

Due to _____

Other conditions Chronic passive congestion of liver 4 wks
(Include pregnancy within 3 months of death) Nephritis, Chronic PHYSICIAN

Major findings: 1318
Of operations _____
Of autopsy _____
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury? _____

23. Signature [Signature] (M. D. or other) [Signature]
Address Carthage, Mo. Date signed AUG 12 1944

1203 (Licensed Embalmer's Statement on Reverse Side)

44-9-692)

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..... *E. C. [unclear]*
Licensed Embalmer No..... *2222*
P. O. Address..... *Carthage*

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.