

FILED SEP 25 1944

Registration District No. **156**

Primary Registration District No. **2001**

Registrar's No. **445**

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Joplin**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St Johns Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Newton** **73**
(c) City or town **Neosho** **3**
(If outside city or town limits, write "RURAL") **2**
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **James Noah Pickens**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **3** **Divorced**
6. (b) Name of husband or wife **LaReed Sharp** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **October 8 1901**
(Month) (Day) (Year)

8. AGE: Years **42** Months **10** Days **25** If less than one day _____ hr. _____ min.

9. Birthplace **Neosho Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Accountant**

11. Industry or business

MOTHER FATHER { 12. Name **Jacob Pickens** 1
13. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Idert**
15. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Fred Pickens**

(b) Address **Neosho Mo**

17. (a) **Removal** (b) Date thereof **9-13-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Neosho Mo**

18. (a) Signature of funeral director **J. B. Kay**

(b) Address **Neosho Mo**

19. (a) **9-13-44** (b) **Arthur Suedholter**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **13**
year **1944** hour **10** minute **20** P.M.

21. I hereby certify that I attended the deceased from **Aug 24**, 19**44**, to **Sept 13**, 19**44**
that I last saw him alive on **Sept 13**, 19**44**; and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebrovascular disease** **6 mo.**
Duration

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) **124 lb**

Major findings: Of operations **none** Of autopsy _____
PHYSICIAN _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): **no**
(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? _____ Of means of injury _____

23. Signature **J. B. Kay** M. D. or other _____
Address **Neosho Mo** Date signed **9/13/44**

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

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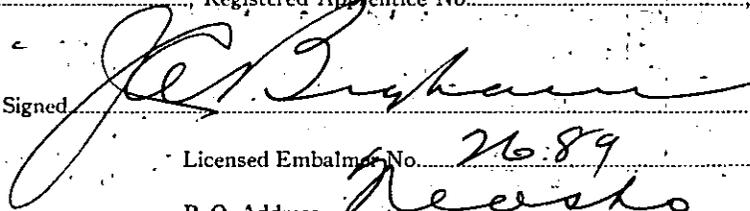
44-9-777

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 .....

Licensed Embalmer No. 2689.....

P. O. Address Neesho.....

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.