

No. 2
M-8-43
5-17-39
1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED NOV 14 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35042

State File No. _____

Registration District No. 277

Primary Registration District No. 4411

Registrar's No. 53

1. PLACE OF DEATH:

(a) County PIKE

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

(c) Name of hospital or institution B. D. Springs
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike

(c) City or town Bowling Green
(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 _____

3. (a) PRINT FULL NAME FRANK LESLIE McPIKE

3. (b) If veteran, name war X

3. (c) Social Security No. none

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife 7

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

7. Birth date of deceased: Jan 18 1899
(Month) (Day) (Year)

8. AGE: Years 65 Months 9 Days 4 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name James A. McPike

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

14. Maiden name Mary J. Doughty

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

16. (a) Informant Errett Pargessy

(b) Address Curryville Mo

17. (a) Burial (b) Date thereof Oct 23 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concord Cemetery Mo

18. (e) Signature of funeral director Wm Bankhead

(b) Address Bowling Green Mo

19. (a) Oct 31-44 (b) Wm Frank Lodon
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 22
year 1944 hour 1 minute 9 M.

21. I hereby certify that I attended the deceased from July 1944
_____ 19____ to Oct 22 1944
that I last saw him alive on 10/21 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombus Duration 6 days

Due to Acute Endocarditis

Due to _____

Other conditions 92d
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. M. McVenske (M. D. or other) 2/24/44

Address Bowling Green Mo Date signed _____

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

210

1148

RECEIVED

District Health Officer No. 10

District File Number 11-44-1937

Date Filed NOV 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 Grace Bankhead

Licensed Embalmer No. 2204

P. O. Address Bowling Green, 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.