

FILED NOV 25 1944

Registration District No. _____

Primary Registration District No. 450

Registrar's No. 1998

1. PLACE OF DEATH:

(a) County Ripley

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

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

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

In this community 50 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley 91

(c) City or town Doniphan Mo. 1
(If outside city or town limits, write "RURAL") 0

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

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

3. (a) PRINT FULL NAME Albert Lee Pickett

(b) If veteran, name war _____

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16
year 1944 hour 6 minute 50 A.M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Laura Pickett

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Nov. 5 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 20, 1944, to August 16, 1944
that I last saw him alive on August 16, 1944
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>2</u>	<u>21</u>	hr. _____ min. _____

Immediate cause of death Cancer of Prostate and lungs Duration 2 yrs

Due to Prostite

9. Birthplace Pitman Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation farming

Other conditions (Include pregnancy within 3 months of death) 47d

11. Industry or business _____

12. Name Amanda Pickett

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

14. Maiden name Lucy Meeker

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

Major findings: Of operations _____

Of autopsy _____

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

16. (a) Informant Mila Ditto

(b) Address Doniphan Mo.

17. (a) Burial (b) Date thereof Aug. 18, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cent.

18. (a) Signature of funeral director Black Mortuary

(b) Address Doniphan Mo.

19. (a) 11-21-44 (b) E. O. Johnston
(Date received local registrar) (Registrar's signature)

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 J. E. Williams (M. D. or other) _____
Address Doniphan, Mo. Date signed 11-16-44

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

MOTHER FATHER

674

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

Florence A Beary, Registered Apprentice No. 371
working under my personal supervision.

Signed H. G. McNaab

Licensed Embalmer No. 3712

P. O. Address Pocahontas Ark

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.