

S. No. 2
A-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE

FILED MAY 14 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12542
Registrar's No. 107

Registration District No. 1

Primary Registration District No. 40-0-1 5004

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Novinger
(c) Name of hospital or institution: R. R. No. 1 --- Novinger, Mo
(d) Length of stay: In hospital or institution None
In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Novinger
(d) Street No. R. R. No. 1
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME William Pinkerton

3. (b) If veteran name war. 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if

7. Birth date of deceased Dec. 23 1849

8. AGE: Years 95 Months 3 Days 29

9. Birthplace Ohio

10. Usual occupation Farmer

11. Industry or business

12. Name Aaron Pinkerton

13. Birthplace Ohio

14. Maiden name Rachael Felver

15. Birthplace Ohio

16. (a) Informant Henry Pinkerton

(b) Address Novinger, Mo

17. (a) Burial (b) Date thereof 4/23/45

(c) Place: burial or cremation Hall Cemetery

18. (a) Signature of funeral director

(b) Address Kirksville, Mo.

19. (a) (b) Mrs. J. P. Rayner

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 year 1945 hour 1:00 minute 10 M.

21. I hereby certify that I attended the deceased from April 2 1945 to April 22 1945 that I last saw him alive on April 12 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Nephritis, Chronic Valvular Heart Disease

Duration: 5 years

Other conditions: Major findings: Of operations, Of autopsy

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? (d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature: H. P. Garrison (M.D. of other) Address: Novinger, Mo. Date signed: 4-25-45

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 5-45-843

Date Filed MAY 10 1945

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 *J. E. Reilly*
Licensed Embalmer No. 4181
P. O. Address *W. S. Killard*

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.