V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16014

FILED JUN 11 1945

Registration District No. 449 Primary Registration District No. 1002 Registrar's No. 2365

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Weeks. (Specify whether years, months or days) In this community 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 2810 Summit (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Michael J. Pickett
3. (b) If veteran, name war No
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 Nora Pickett
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased August (Month) 11 (Day) 1877 (Year)

8. AGE: Years 67 Months 9 Days 18 If less than one day hr. min.

9. Birthplace Kerry Co. (City, town, or county) Ireland (State or foreign country)
10. Usual occupation Employee Water Dept.
11. Industry or business
FATHER
12. Name Patrick Pickett
13. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)
MOTHER
14. Maiden name Elizabeth
15. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)
16. (a) Informant Mrs Nora Pickett
(b) Address 2810 Summit Kansas City Mo.
(c) Burial (Burial, cremation, or removal) (b) Date thereof June 1, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery
(d) Signature of funeral director Quirk and Tobin Co
(e) Address 20 West Linwood
19. (a) 6-1-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

Corr. by aff. 10-31-45 Hallie Stalle

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 29th day May year 1945 hour 7:00 minute P M.
21. I hereby certify that I attended the deceased from 3-2-45, 19, to 5-29, 1945 that I last saw him alive on 5-29, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Bronchial Pneumonia Hypostatic
Due to Gallbladder
Due to Operation
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations obstructive cholecystitis Hydrops of Gallbladder chronic Hepatitis
Of autopsy as above

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature T. S. Bomke (M. D. or other)
Address City Date signed 5-31-45

(Licensed Embalmer's Statement on Reverse Side)

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 Charles M Quick

Licensed Embalmer No. 3774

P. O. Address K.C. 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of Jackson }

State File No. 16014-45
Local Registrar's No. 2365

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 16th day of July, 1946, before me appears Mrs. Nora Pickett, who, upon her oath, states that the original record of ~~birth~~ ~~death~~ death for Michael J. Pickett, died ~~died~~ ~~born~~ May 29, 1945, in the State of Missouri, and which was filed at Kansas City on 6-1, 1945 should be corrected as follows:

Item No. 3 should read Michael Pickett
Instead of " J. "

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Nora Pickett Wife
Relationship.

2602 Essex St. K. C. K.
Present Address.

Subscribed and sworn to before me this 16th day of July, 1946

My Commission expires Oct. 20. 1947

Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X36667