

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE BOARD OF HEALTH OF MISSOURI
STATE CERTIFICATE OF DEATH

State File No. _____

FILED JUN 1 1945

Registration District No. 50

Primary Registration District No. 5179

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Camden Osage Twp
 (b) City or town Camdenton Rural
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Resum Fork Lake Camp
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County De Calb
 (c) City or town Stewartsville 32
(If outside city or town limits, write "RURAL")
 (d) Street No. 0
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country Italy

3. (a) PRINT FULL NAME Dallis Price Pickett
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 year _____ hour 5 minute _____ M. P
 21. I hereby certify that I attended the deceased from May 17 1945 to _____ 19____; that I last saw him alive on _____ 19____; and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Ollie Corritt 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Sep 23 1866
(Month) (Day) (Year)

Immediate cause of death apoplexie (Stroke)
 Due to _____
 Due to _____
 Other conditions none
(Include pregnancy within 3 months of death)

8. AGE: Years 70 Months 9 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Clay County MO
(City, town, or county) (State or foreign country)
 10. Usual occupation farming + banking

11. Industry or business _____
 12. Name Joseph H Pickett
 13. Birthplace St Carol MO
(City, town, or county) (State or foreign country)
 14. Maiden name Margiam Warren
 15. Birthplace Liberty MO
(City, town, or county) (State or foreign country)

16. (a) Informant Ollie Pickett
 (b) Address Stewartsville, MO
 17. (a) Remove - Burial Date thereof May 19 - 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Stewartsville MO

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.
 Major findings: Of operations none
 Of autopsy none

18. (a) Signature of funeral director you
 (b) Address Stewartsville, MO
 19. (a) May 18 - 1945 (b) Esteb Nelson
(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? _____
 While at work? no (Specify type of place) (e) Means of injury 3
 23. Signature Bel Woolery Coroner (M. D. or other) _____
 Address Camdenton MO Date signed May 18 - 45

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

15-00

FEB 27 1948

RECEIVED
District Health Officer No. 7,
District File Number 5-45-552
Date Filed 6-12-72

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 *Abbi Banks Woolery*
Licensed Embalmer No. *2488*
P. O. Address *Camden, 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.