

FILED JUN 13 1945

Registration District No. 291

Primary Registration District No. 5990

1. PLACE OF DEATH:

(a) County PUTNAM
(b) City or town JACKSON TOWNSHIP "RURAL"
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community LIFE TIME years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PUTNAM
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. LUCERNE, MO.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 1945 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic nephritis with general arterial sclerosis.
Due to _____
Due to _____

Duration

Other conditions: _____
(Include pregnancy within 3 months of death)

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? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

3. (a) PRINT FULL NAME MARY LUCINDA PICKINPAUGH
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife NEPALEON B.
6. (c) Age of husband or wife if alive 92 years
7. Birth date of deceased: DECEMBER 20 1855
(Month) (Day) (Year)

8. AGE: Years 89 Months 4 Days 17
If less than one day hr. min.

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

10. Usual occupation AT HOME

11. Industry or business HOMEWORK

12. Name ELAZIER GRAY

13. Birthplace DON'T KNOW
(City, town, or county) (State or foreign country)

14. Maiden name NANCY ANN CORRIOUR
(City, town, or county) (State or foreign country)

15. Birthplace DON'T KNOW
(City, town, or county) (State or foreign country)

16. (a) Informant GUY F. SCHUMANN

(b) Address Lucerne Pate 1. Mo.

17. (a) BURIAL (b) Date thereof May 9 - 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation TORREY SANCTUARY

18. (a) Signature of funeral director CORSTOCK FUNERAL HOME

(b) Address Hazardville, Mo. By _____

19. (a) 6/5/45 (b) _____
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 6-45-945

Date Filed JUN 12 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 John N. Comstock

Licensed Embalmer No. 3891

P. O. Address Unionville, 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.