

FILED JAN 31 1946

Registration District No. 1002

Primary Registration District No. 1002

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:
7711 Ward Parkway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community SEPT 1944 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Kirksville Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN PINKERTON

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWER

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased AUG 19 1859
(Month) (Day) (Year)

8. AGE: Years 86 Months 4 Days 17 If less than one day hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name JOEL PINKERTON

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

14. Maiden name unknown

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

16. (a) Informant J.J. Pinkerton

(b) Address 7711 Ward Parkway

17. (a) Burial (b) Date thereof 1/8/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kirksville, Mo

18. (a) Signature of funeral director Wm. E. Rubin

(b) Address 20 West Pennington

19. (a) 1-8-46 (b) Sheldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day Jan year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Dec 15 1945 to Jan 6 1946 that I last saw him alive on Jan 6 1946 and that death occurred on the date and hour stated above. Duration _____

Immediate cause of death Coronary Occlusion of the Arteria Myocardii
Due to _____ 10 yrs

Other conditions Arterio Sclerosis 15 yrs
(Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy No 93.2

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? _____ (c) Means of injury _____

23. Signature W.B. Casebolt Date signed 1/1/46
Address 4000 Baltimore

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

11827

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. Quirk

Licensed Embalmer No. 3774

P. O. Address H. 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.