V. S. No. 2
OM—8-43
ev. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 28 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4503

State File No.

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 3

1. PLACE OF DEATH:
(a) County Barry
(b) City or town Monett (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Vincents Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week In this community over 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lawrence 55
(c) City or town Monett - Forest Park addn (If outside city or town limits, write "RURAL") 0
(d) Street No. 911 7th st. (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME John Henry Pilant
3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Camilla Bass Pilant
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased May (Month) 10 (Day) 1878 (Year)

8. AGE: Years 67 Months 7 Days 27 If less than one day hr. min.

9. Birthplace Clay County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired Passenger Brakeman
11. Industry or business Frisco Railroad
MOTHER FATHER
12. Name James Henry Pilant
13. Birthplace not known (City, town, or county) Kansas (State or foreign country)
14. Maiden name Eliza Richardson
15. Birthplace Not Known (City, town, or county) Virginia (State or foreign country)
16. (a) Informant Mrs J. H. Pilant
(b) Address 911 7th st. Monett Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 9 1946 (Month) (Day) (Year)
(c) Place: burial or cremation IOOF Cem Monett Mo
18. (a) Signature of funeral director Callaway's
(b) Address Monett Missouri
19. (a) 1-8-46 (Date received local registrar) (b) W. M. West (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7 year 1946 hour 10 minute 50 A. M.
21. I hereby certify that I attended the deceased from 12-20- 1945 to 1-7- 1946 that I last saw him alive on 1-7- 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature W. M. West (M. D. or other) MD
Address Monett Mo Date signed 1-8-46

12

(Licensed Embalmer's Statement on Reverse Side)

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

3532

RECEIVED
District Health Officer No. 6,
District File Number 146-167
Date Filed FEB 26 1946

MAR 4 19[illegible]

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. D. Buchanan
Licensed Embalmer No. 3179
P. O. Address Monett 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.