S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 5 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5078

Registration District No. 93 Primary Registration District No. 4154 Registrar's No. 8

1. PLACE OF DEATH:

(a) County Dade

(b) City or town Greenfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Milligan Nursing Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution about 1 week (Specify whether
In this community 1 week
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55

(c) City or town "Rural" 0
(If outside city or town limits, write "RURAL")

(d) Street No. 2 1/2 mi N.E. of Mt Vernon 0
(If rural, give location)

(e) Citizen of foreign country? no 1 (Yes or No)

If yes, name country none

3. (a) PRINT FULL NAME John Pilkenton

3. (b) If veteran, name war Not Known

3. (c) Social Security No. ✓

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Nancy Jane Pilkenton

6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased Not Known (Month) (Day) (Year)

8. AGE: Years About 80 | Months | Days | If less than one day ___ hr. ___ min.

9. Birthplace Not Known (City, town, or county) ✓ 9 (State or foreign country)

10. Usual occupation None

11. Industry or business none

FATHER
12. Name Not Known 9
13. Birthplace " " (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name " " 9
15. Birthplace " " (City, town, or county) (State or foreign country)

16. (a) Informant None

(b) Address none

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 4 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cem - Barry Co. Mo.

18. (c) Signature of funeral director Callaways

(b) Address Monett Mo.

19. (a) Feb 4 1946 (Date received local registrar) (b) Geo L. Weir (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1 year 1946 hour 6 minute 30 P M.

21. I hereby certify that I attended the deceased from Jan 31, 1946 to Feb 1, 1946 that I last saw him alive on Feb 1, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia

Due to Hypertrophic Arthritis & Decubitus Ulcers.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

61

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 2

23. Signature Hershel Thompson (M. D. or other) D.O.

Address Greenfield Date signed 2-3-46

(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 J. W. 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.