

FILED MAY 8 1946
Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 474

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks (Specify whether
In this community 3 weeks years, months or days)

3. (a) PRINT FULL NAME Laura Pike

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

4. Sex female Color or race white
6. (a) Single, widowed, married divorced widow

6. (b) Name of husband or wife Francis Burton Pike
6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased. January 27 1919
(Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 23
If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

12. Name Jacob Roller

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

14. Maiden name Catherine Gress

15. Birthplace Alsace Lo Lorraine
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Albert Scott

(b) Address Atchison, Kansas
removal (b) Date thereof 4/21/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Atchison, Kansas

18. (a) Signature of funeral director Walter Belle & Bowman
(b) Address St. Joseph, Mo.

19. (a) Apr. 25, 1946 (b) W. H. Halliburgh
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Atchison
(c) City or town Atchison
(If outside city or town limits, write "RURAL")
(d) Street No. 513 Atchison Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20
year 1946 hour 4 minute 17 P. M.

21. I hereby certify that I attended the deceased from Apr 10-46
1946 to Apr 20 1946
that I last saw her alive on Apr 20 and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of liver
Cancer of lungs
Due to: Cancer of sigmoid
Duration: Probably years.

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

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
Major findings: Of operations
Of autopsy: Ca. of liver - lungs + sigmoid
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?

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

23. Signature Paul J. ... (M. D. or other)
Address St. Joseph, MO Date signed 4-23-46

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

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 *Raymond W. Morehead*

Licensed Embalmer No. *4413*

P. O. Address *319 So 10th St Joseph, 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.

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 4776

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(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..... (Specify whether

In this community.....
years, months or days)

3. (a) PRINT FULL NAME

Laura Pike

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife.....

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

7. Birth date of deceased.....

Jan 27 (Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

70

9. Birthplace.....

(City, town, or county)

(State or foreign country) Ohio

10. Usual occupation.....

11. Industry or business.....

12. Name.....

13. Birthplace.....

(City, town, or county)

(State or foreign country)

14. Maiden name.....

15. Birthplace.....

(City, town, or county)

(State or foreign country)

16. (a) Informant.....

(b) Address.....

17. (a)..... (b) Date thereof.....

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a)..... (b).....

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....

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

(d) Street No.....
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month.....
year 1946 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... to....., 19.....

that I last saw him/her alive on....., 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Duration

Due to Carcinoma of rectum sigmoid

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?

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

23. Signature Paul Ferguson (M. D. or other)

Address..... Date signed 6-10-46

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

11199

SUPPLEMENTARY

12289