DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 14225

FILED MAY 9 1946

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 127

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

1. PLACE OF DEATH
(a) County St Francois
(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 58 W. School St
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")
(d) Street No. 58 W. School St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LEAMON EVERETT PINKSTON
3. (b) If veteran, name war ✓
3. (c) Social Security No. 490-03-6901
4. Sex MO
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Georgetta Pinkston
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Nov. (Month) 6 (Day) 1892 (Year)

8. AGE: Years 53 Months 4 Days 28 If less than one day hr. min.

9. Birthplace Doe Run (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Truck Driver
11. Industry or business B.T. Farming & Cattle Co
FATHER
12. Name Dave Pinkston
13. Birthplace St. Francois Co (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Artie Crunchton
15. Birthplace Hazel Run (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Georgetta Pinkston
(b) Address 58 W. School Bonne Terre Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-7-46 (Month) (Day) (Year)
(c) Place: burial or cremation St. Francois Memo Park
18. (a) Signature of funeral director Benham Hud Co
(b) Address 313 Benham Bonne Terre Mo
19. (a) 4-13-46 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th year 1946 hour 2 minute 30 P. M.
21. I hereby certify that I attended the deceased from Feby 3 1946 to Apr 4 1946 that I last saw him alive on Apr 4 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis (DK) — Duration
Due to unknown
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy 946

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 G. L. Evans (M. D. ~~or other~~)
Address Bonneterre Mo. Date signed 4-8-46

(Licensed Embalmer's Statement on Reverse Side)

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D

District Health Officer No. Y

District File Number 546-2094

Date Filed 5-8-46

**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 C. J. Claywell

Licensed Embalmer No. F. 2706

P. O. Address Bonne Terre 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.**