

No. 2
-2-43
5-17-39
X35697

FILED JUL 29 1946

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 676

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: Waynes Nursing Home **4**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 28 years
(Specify whether years, months or days)

In this community 45 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan **11**

(c) City or town St. Joseph **7**
(If outside city or town limits, write "RURAL")

(d) Street No. 208 Hammond St.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME James H. Pickeral

3. (b) If veteran, name war No

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th
year 1946 hour 4 minute 30 a. M.

4. Sex Male 5. Color or race White

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

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

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

7. Birth date of deceased Jan. 18, 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May - 1945 to Feb 12, 1946
that I last saw him alive on Feb 12th, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 81 Months 4 Days 21
If less than one day _____ hr. _____ min.

Immediate cause of death Cancer

Due to _____

Due to _____

Other conditions myocarditis
(include pregnancy within 3 months of death)

9. Birthplace Paduca, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Barber

Major findings:
Of operations _____

Of autopsy _____

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Greenbury Pickeral

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)

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? _____

16. (a) Informant Arch B. Pickeral

(b) Address 208 Hammond St.

17. (a) Burial (b) Date thereof June 11, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Clark Mortuary

(b) Address 5025 King Hill Ave. St. Joseph, Mo.

19. (a) June 12, 1946
(Date received local registrar)

(b) J. H. West
(Registrar's signature)

While at work? _____

(Specify type of place) _____

(c) Means of injury _____

23. Signature John Hartman (M.D. or other) D.O.

Address John Hartman Date signed 6/12/46

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 6/9/46

....., Registered Apprentice No.
working under my personal supervision.

Signed Emmanuel Clark

Licensed Embalmer No. 4738

P. O. Address 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

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

James H. Pickens

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 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 _____

7. Birth date of deceased Jan 18 1892

8. AGE: Years 81 Months 7 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country) Ky

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

14. Maiden name _____ (State or foreign country)

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (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 _____ Day _____
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Cancer of stomach
Due to _____
Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations 468

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? _____

23. Signature John Hartoch (Specify type of place) _____ (e) Means of injury _____
While at work? _____
Date signed 7/12/46

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

SUPPLEMENTARY

1842

19561