

5-43
5-17-39
I X26671

FILED JUL 9 1946

State File No. _____

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 729

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph

(c) Name of hospital or institution:
222^W Antoine

(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph

(d) Street No. 222^W Antoine

(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Lonnie Ray Pinion

(b) If veteran, name war No

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22 year 1946 hour 8 minute 40 A. M.

4. Sex Male

5. Color or race White

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

(b) Name of husband or wife _____

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

7. Birth date of deceased June 22 1946

(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 22 1946 to June 22 1946

that I last saw him alive on June 22 1946 and that death occurred on the day and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
0	0	0	1 hr. 20 min.

Immediate cause of death: Premature Birth

Due to (7 month fetus)

9. Birthplace St. Joseph Missouri

(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy _____

10. Usual occupation Infant

11. Industry or business At home

12. Name Fielding G. Pinion

13. Birthplace Stewartsville Missouri

(City, town, or county) (State or foreign country)

14. Maiden name Pearl Christian

15. Birthplace Appalachia Virginia

(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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

16. (a) Informant Mr. Fielding G. Pinion

(b) Address 222 Antoine

17. (a) Burial (b) Date thereof June 24/46

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Neaton R. Zaleski-Bourman

(b) Address St. Joseph, Mo.

19. (a) June 26, 1946 (b) [Signature]

(Date received local registrar) (Registrar's signature)

23. Signature R. E. Elliott (M. D. or other)

Address 801 S. Francis St. Joseph, Mo. Date signed 6/25/46

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

801 1/2 Francis

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Eugene Wood*
Licensed Embalmer No. *3804*
P. O. Address *319 So. 10th St. 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.