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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 27 1946

State File No. 30966

Registration District No. 209 — Primary Registration District No. 3042 — Registrar's No. 296

1. PLACE OF DEATH:

(a) County: Marion
(b) City or town: Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence 2610 Chestnut /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Marion 4
(c) City or town: Hannibal 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 2610 Chestnut 4
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No) 0
If yes, name country ____

3. (a) PRINT FULL NAME: William Almsterad McPike
3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Alma A. Pallinger
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: October 25, 1858 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
87	11	15	____ hr. ____ min.

9. Birthplace: Emerson Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation: XX
11. Industry or business: XX

FATHER
12. Name: William F. McPike
13. Birthplace: Emerson Missouri (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name: Catherine Hoskins
15. Birthplace: Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant: Mrs. F. G. Smith
(b) Address: 2610 Chestnut Hannibal Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-12-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Emerson, Mo.
18. (a) Signature of funeral director: [illegible]
(b) Address: 902 Broadway Hannibal Missouri
19. (a) 9-11-46 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: September Day: 10 Year: 1946 hour: 4 minute: 00 P.M.
21. I hereby certify that I attended the deceased from Sept 10, 1946 to Sept 10, 1946 that I last saw him alive on Sept 10, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Broncho-pneumonia — Duration: 4 hrs.
Due to ____
Due to ____
Other conditions (Include pregnancy within 3 months of death) ____
Major findings: Of operations ____ Of autopsy ____ 107

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 0
23. Signature: E. R. Motley (M. D. ~~or other~~)
Address: Hannibal, Mo. Date signed: 9/11-46

184 (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 W. Crawford Smith

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

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.