S. No. 2
OM—5-43
v. 5-17-39
I X36671

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 OCT 9 1946

State File No. 33932

Registration District No. 155 Primary Registration District No. 4245 Registrar's No. 152

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Oronogo (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 80 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Oronogo (If outside city or town limits, write "RURAL") 0

(d) Street No. ..... (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Logan Pickrell

3. (b) If veteran, name war no data

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 .....

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

7. Birth date of deceased November 25 1861 (Month) (Day) (Year)

8. AGE: Years 84 Months 10 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace no data (City, town, or county) Kansas (State or foreign country) 1

10. Usual occupation Farmer Retired

11. Industry or business .....

FATHER
12. Name Jefferson Pickrell 7
13. Birthplace no data (City, town, or county) (State or foreign country) 7

MOTHER
14. Maiden name no data
15. Birthplace no data (City, town, or county) (State or foreign country) 9

16. (a) Informant Dau. Mrs. Ava Dunlap 1

(b) Address Oronogo, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/3/46 (Month) (Day) (Year)

(c) Place: burial or cremation Weaver Cemetery

18. (a) Signature of funeral director Hedge-Lewis

(b) Address Webb City, Mo.

19. (a) OCT. 3; 46 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 1 year 1946 hour 12:45 minute P. M.

21. I hereby certify that I attended the deceased from Sept 30 1932, 19 ..., to Oct 1, 1946; that I last saw him alive on Feb 12, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Arterio sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 97	
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? ..... (Specify type of place)

While at work? ..... (e) Means of injury 0

23. Signature R. M. Stormont (M.D. or other)

Address Webb City Mo Date signed 10/3/46

(Licensed Embalmer's Statement on Reverse Side)

131

46-9-843

Statement

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. W. Hedge

Licensed Embalmer No. 2859

P. O. Address Webb City 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.