

FILED NOV 26 1946

Registration District No. **262**

Primary Registration District No. **4531**

Registrar's No. **70**

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

1. PLACE OF DEATH:

(a) County **Warren**
(b) City or town **Warrenton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **B**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Warren**
(c) City or town **Warrenton**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Jesse Almond Pinkley**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **December 6, 1930**
(Month) (Day) (Year)

20. DATE OF DEATH: Month **NOV.** day **15**
year **1946** hour **12:20** minute _____ P. M.

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

8. AGE: Years Months Days If less than one day
15 **11** **9** hr. _____ min.

Immediate cause of death **(as a result of injury)**
As a result of gas explosion
(accidentally) of butane gas
Due to **faulty gas piping**
said body to be badly
Due to **strangled and buried**

9. Birthplace **Lesterville Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Student**

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

11. Industry or business _____
12. Name **Alford Alonzo Pinkley**
13. Birthplace **Lesterville Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Grace McHenry**
15. Birthplace **Lesterville Missouri**
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Morris Parker**
(b) Address **Wright City, Mo.**
17. (a) **Burial** (b) Date thereof **11-18-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Lesterville, Mo.**
18. (a) Signature of funeral director **F.W. Nieburg & Co.**
(b) Address **Warrenton, Mo.**
19. (a) **11-21-46** (b) **Mrs. Fred Morsey**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Accident 109**
(b) Date of occurrence **Nov. 15, 1946**
(c) Where did injury occur? **Warrenton, Mo.**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
(Specify type of place)
While at work? **yes** (e) Means of injury **Explosion**
23. Signature **Dr. F. H. Huggins** (M.D. or other) **coroner**
Address **Warrenton** Date signed **Nov 17 1946**

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 11-25-46

DEC 3 1946

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 John Thieburg
Licensed Embalmer No. 3897
P. O. Address Warrenton, 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.