

No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 22 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43597
State File No. _____
Registrar's No. 38

Registration District No. 241 Primary Registration District No. 5829

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Rural Portageville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jone's Bitch near Portageville
(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)
69 Years

3. (a) PRINT FULL NAME Franklin Gerard Pikey
3. (b) If veteran, name war X 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Christine Pikey
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased April 17 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 7 17 hr. _____ min.

9. Birthplace Portageville, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER, FATHER
12. Name Unknown
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)

16. (a) Informant Roy Pikey
(b) Address Dalton Hotel Chicago, Ill

17. (a) Burial (b) Date thereof 12/7/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Portageville, Mo.

18. (a) Signature of funeral director J. L. Burns
(b) Address Caruthersville, Mo.

19. (a) 12-17-46 (b) Ellen DeLisle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid
(c) City or town Portageville
(If outside city or town limits, write "RURAL")
(d) Street No. X (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4
year 1946 hour 4:30 minute _____ P. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Found dead on Jones Bitch acute myocarditis;

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

PHYSICIAN
Major findings:
Of operations 93A
Of autopsy _____
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 3
23. Signature Les Hedy Smith
Address New Madrid, Mo Date signed 12/4/46

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

219

RECEIVED

District Health Office No. 2,

District File Number 147-60

Date Filed 1-13-47

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

Leonard John Fargo

Licensed Embalmer No. 4336

P. O. Address

Fortgensville 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...