

FILED MAY 19 1947

Registration District No. 374

Primary Registration District No. 4548

State File No.

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Worth
(b) City or town Worth
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 _____

3. (a) PRINT FULL NAME

Melvin Drexel Pickering

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 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 2 1921
(Month) (Day) (Year)

8. AGE: Years 25 Months 4 Days 27 If less than one day hr. min.
9. Birthplace Grant City Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Bruce Pickering
13. Birthplace Grain County Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Ethel Porter
15. Birthplace Grant City Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Bruce Pickering
(b) Address Worth, Missouri

17. (a) Burial (b) Date thereof May 1 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Grant City Mo

18. (a) Signature of funeral director Arch C. Dingle
(b) Address Grant City Mo

19. (a) May 7-1947 (b) Leta E. Dawson
(Date received local registrar) (Registrar's signature) 345

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Worth
(c) City or town Worth
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
year 1947 hour 2 minute 30 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.

Immediate cause of death Compound injury received in Worth, Mo. from auto.
Due to _____

Due to _____

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

Major findings: Of operations _____
Of autopsy _____

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? Home

While at work? _____ (Specify type of place)
(e) Means of injury Auto

23. Signature Arch C. Dingle (M.D. or other) Coroner
Address Grant City Mo Date signed 5-3-47

JUL 19 1961

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Arch C. Dangle

Licensed Embalmer No.....

3252

P. O. Address.....

Front 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.