

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37894**

FILED DEC 2 1947 37
Registration District No. _____

Primary Registration District No. **3023**

Registrar's No. **245**

1. PLACE OF DEATH:

(a) County Clinton

(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Clinton General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days
(Specify whether)

In this community 4 years
years, months or days

3. (a) PRINT FULL NAME Miss Mary Virginia Pike

3. (b) If veteran, name war _____ No. _____

3. (c) Social Security No. _____

4. Sex Female 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 Jan 6 1862
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>85</u>	<u>10</u>	<u>22</u>	hr. _____ min. _____

9. Birthplace Maryland, MD 0
(City, town, or county) (State or foreign country)

10. Usual occupation House Worker

11. Industry or business _____

MOTHER FATHER { 12. Name John H. Reynolds 0

13. Birthplace Virginia 0
(City, town, or county) (State or foreign country)

14. Maiden name Julie Baumgardner

15. Birthplace Virginia, MD 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Truman Rose

(b) Address Clinton, MO

17. (a) Burial (b) Date thereof Nov 30 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stagsville, MO

18. (a) Signature of funeral director W. H. Smith

(b) Address Stagsville, MO

19. (a) 11-28-47 (b) R. R. Kenney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton 42

(c) City or town Clinton, Missouri
(If outside city or town limits, write "RURAL")

(d) Street No. 414 East Franklin St
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November Day 28
Year 1947 hour 11:40 minute _____ P. M.

21. I hereby certify that I attended the deceased from 7 Nov. 1947 to 28 Nov. 1947
that I last saw her alive on Nov. 28 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 6 mo.

Due to _____

Due to _____

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

Major findings: Of operations 99%

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:

(c) 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 _____ (Specify type of place) Means of injury 0

23. Signature W. H. Smith (M. D. or other) M.D.

Address Clinton, MO Date signed 11-28-47

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

