. S. No. 2
M—12-45
v. 5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42505

Registration District No. 2371 Primary Registration District No. 3048 Registrar's No. 275

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)
In this community 3 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway 74
(c) City or town Maryville (If outside city or town limits, write "RURAL") 6
(d) Street No. 1120 N. Main (If rural, give location) 2
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME William David Pike
3. (b) If veteran, name war no
3. (c) Social Security No. 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 9 (Month) 21 (Day) 1864 (Year)

8. AGE: Years 83 Months 2 Days 23 If less than one day hr. min.
9. Birthplace Bradduville (City, town, or county) Mo. (State or foreign country)
10. Usual occupation farmer
11. Industry or business "
12. FATHER Name William Pike
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. MOTHER Maiden name Elizabeth Frazer
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant James Robinson
(b) Address Maryville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation Ohio Cem Burlington Junction Mo.
18. (a) Signature of funeral director G. M. Atchison
(b) Address Maryville, Mo.
19. (a) 12/16/47 (Date received local registrar) (b) Bess Hall (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14 year 1947 hour 9 minute 45 P. M.
21. I hereby certify that I attended the deceased from Sept 95, 1947, to Dec 14, 1947, that I last saw h. alive on 14, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	3
Chronic nephritis	2
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 B. F. Byland (M. D. or other) MD
Address 131 S. Main Maryville Mo. Date signed 12-16-47

(Licensed Embalmer's Statement on Reverse Side)

Tom Lewis Tiles

Dr. Byland

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 G M Atkinson

Licensed Embalmer No. 2279

P. O. Address Maryville, 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: