

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 9 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5591
Registrar's No. 8

Registration District No. 240

Primary Registration District No. 5827

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Rural Lewis Twsp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 1/4 miles southwest of Lilbourn!
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid 72
(c) City or town Rural Lewis Twsp.
(If outside city or town limits, write "RURAL")
(d) Street No. 2 1/4 miles southwest of Lilbourn
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles William Pinkerton

3. (b) If veteran, name war No. 3. (c) Social Security No. None.

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 February 5 1948
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
10 hr. min.

9. Birthplace New Madrid Co., Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Infant.

11. Industry or business _____

12. Name Unknown. 9

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

14. Maiden name Wanda Lee Pinkerton 0

15. Birthplace Sikeston, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant W. E. Hampton.

(b) Address Lilbourn, Missouri.

17. (a) Burial (b) Date thereof 2-21-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mounds Cem.

18. (a) Signature of funeral director Ponder Funeral Home

(b) Address Lilbourn, Missouri.

19. (a) 2-24-48 (b) H. L. Ponder Deputy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February, day 20
year 1948 hour 9 minute 5 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 _____
No Medical Attendant
Due to _____
Cause of death Unknown
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature [Signature] (M.D. or other) _____
Address New Madrid Mo. Date signed 2/26-48

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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.

Walter L. Ponder

Licensed Embalmer No.

3367

P. O. Address.

Lillooie, 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.