

FILED JUN 21 1948
Registration District No. **210**

Primary Registration District No. **4322**

Registrar's No. **138**

1. PLACE OF DEATH:

(a) County **Merced**

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

(c) Name of hospital or institution: **Lambert Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **10 days**
(Specify whether **6 years**)

In this community **6 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Merced** **65**

(c) City or town **Merced** **0**
(If outside city or town limits, write "RURAL") **0**

(d) Street No. **0**
(If rural, give location) **0**

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

If yes, name country.....

3. (a) PRINT FULL NAME **Lola C. Pickett**

3. (b) If veteran, name war.....

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **28th**
year **1948** hour **6** minute **45 A.** M.

21. I hereby certify that I attended the deceased from **May 26**
..... 1948, to **May 31** 1948;
that I last saw her alive on **May 30** 1948;
and that death occurred on the date and hour stated above.

Duration **1 month**

4. Sex **female** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **widow**

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **Aug 18 1891**
1891 (Day) (Year)

Immediate cause of death **Congestive Heart Failure**

Due to **Arteriosclerosis** **5 years**

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

66 **9** **13** hr. min.

Due to.....

Other conditions **Chronic hepatitis**
(Include pregnancy within 3 months of death)

9. Birthplace **Merced Co Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

12. Name **A. B. Callings**

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

14. Maiden name **Coker**

15. Birthplace **Mo**
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

Underline the cause of which death should be charged statistically.

16. (a) Informant **Mrs Lena Trainer**

(b) Address **Modena Mo**

17. (a) **Burial** (b) Date thereof **6-2-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Attlesham**

18. (a) Signature of funeral director **Neil Mass**

(b) Address **Princeton Mo**

19. (a) **6-8-48** (b) **M. J. Smith**
(Date received local registrar) (Registrar's signature)

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?..... (Specify type of injury)

23. Signature **Mrs Lena Trainer** (M. D. or other) **MLT**

Address **Princeton, Mo** Date signed **6/1/48**

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

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