

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

29920

State File No. _____

FILED SEP 18 1948

Registrar's No. **3591**

Registration District No. 199

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
General Hospital No. 1
(If not in hospital of institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
years, months or days) unknown

3: (a) PRINT FULL NAME James A. Pickel

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 mar.

6. (b) Name of husband or wife Myrtle

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Feb. 4 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>6</u>	<u>27</u>	hr. min.

9. Birthplace Knoxville Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business self

MOTHER FATHER { 12. Name James R. Pickel

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

14. Maiden name Lora Wright

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

16. (a) Informant Myrtle Fickel

(b) Address 1211 Lawndale

17. (a) Removal (b) Date thereof 9-3-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bolivar Mo

18. (a) Signature of funeral director C.H. Blackman & Son, Inc.

(b) Address 2825 Independence Blvd.

19. (a) 9-2-48 (b) G. A. Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 4444 Elmwood
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Aug. day 31
year 1948 hour 3 minute 45 A. M.

21. I hereby certify that I attended the deceased from
Aug. 29, 1948, to Aug. 31, 1948
that I last saw him alive on Aug. 31
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular accident

Due to _____

Due to _____

Other conditions 830
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy: None

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? _____

While at work? _____ (Specify type of place)
(c) Means of injury 0

23. Signature Wm W. Hart (M. D. or other) MD

Address Med. Dir. Gen'l Hosp. Date signed 8-31-48

Dr. Stang

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 *O. K. McFarland*

Licensed Embalmer No. *4397*

P. O. Address. *Kansas 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.