No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 7 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35794

Registration District No. 46 Primary Registration District No. 4065 Registrar's No. 64

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Caldwell
(c) City or town Polo, Mo
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jonathan L. Pinkerton
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M.D.
5. Color or race wh
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Flora Pinkerton
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Oct (Month) 31 (Day) 1869 (Year)

8. AGE: Years 79 Months Days 24 If less than one day hr. min.

9. Birthplace Ray Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name Joseph P. Pinkerton
13. Birthplace (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Eliza J. Woolard
15. Birthplace Ray Co. (City, town, or county) Mo (State or foreign country)
16. (a) Informant Mrs Flora Pinkerton
(b) Address Polo Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 (Month) 28 (Day) 48 (Year)
(c) Place: burial or cremation Zimmerman
18. (a) Signature of funeral director Alspaugh & Cowley
(b) Address Polo Mo
19. (a) Nov 30/48 (Date received local registrar) (b) Gladys Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 26 year 1948 hour 11 minute P M.
21. I hereby certify that I attended the deceased from 6 10, 1948, to 11-26, 1948 that I last saw him alive on 11-25, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial Exhaustion	2 days
Due to Cirrhosis of Liver	years
Due to Alcoholism	years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 124B

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 C H Wilson M.D. (M.D. or other)
Address Polo Mo Date signed 11-27-48

(Licensed Embalmer's Statement on Reverse Side)

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 Wayne H. Holleman, Registered Apprentice No. 77 working under my personal supervision.

Signed Dean A. Alspaugh

Licensed Embalmer No. 5408

P. O. Address Holt Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.