

5500

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

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 5650 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAWRENCE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>VERONA ROUTE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>VERONA RURAL (Springriver)</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>ROUTE 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mile south west Verona</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ella</u> b. (Middle) <u>Pilkerton</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>March 18-1949</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>March 12-1875</u>
9. AGE (In years last birthday) <u>74</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	11. BIRTHPLACE (State or foreign country) <u>WEBSTER COUNTY</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>UNKNOWN</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>H.R. PILKERTON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fritz Pilkerton Verona, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolism</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Auricular Fibrillation</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>3327</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>March 2, 1949</u> , to <u>March 18, 1949</u> , that I last saw the deceased alive on <u>March 17, 1949</u> , and that death occurred at <u>6:20 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>F. Avery Watson D.O.</u>		23b. ADDRESS <u>Verona, Mo.</u>	23c. DATE SIGNED <u>March 24</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>MARCH 20-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Springriver</u>	24d. LOCATION (City, town, or county) (State) <u>Verona Mo.</u>
DATE REC'D BY LOCAL REG. <u>Mar 20-49</u>	REGISTRAR'S SIGNATURE <u>Ora Mc Natt</u>	157	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas L. Marshall Verona Mo</u>

RECEIVED

District Health Officer No. 6;

District File Number 449-425-

Date Filed 4-6-49

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.....

Myself

Student Embalmer No.

working under my personal supervision.

Signed *Robert L. Marshall*

Signed.....
Student Embalmer

Licensed Embalmer No. 3812

P. O. Address *Quinn 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.