. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23999 V

State File No.

FILED AUG 16 1945

Registration District No. 2040 Primary Registration District No. 2040 Registrar's No. 561

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town SPRINGFIELD (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2306 N. WELLER
(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 MO. (b) County GREENE
(c) City or town SPRINGFIELD (If outside city or town limits, write "RURAL")
(d) Street No. 2306 N. WELLER AVE. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANDREW NEWTON PIKE
3. (b) If veteran, name war NONE
3. (c) Social Security No. 494-20-0534

4. Sex MALE | 5. Color or race WHITE | 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife PEARL PIKE
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased JAN. (Month) 27 (Day) 1881 (Year)

8. AGE: Years 64 | Months 5 | Days 20 | If less than one day hr. min.

9. Birthplace POLK CO. (City, town, or county) MO. (State or foreign country)
10. Usual occupation Retired (2 yr.)
11. Industry or business

MOTHER FATHER
12. Name Thomas Pike
13. Birthplace Unk. (City, town, or county) Tenn. (State or foreign country)
14. Maiden name Adaline Adams
15. Birthplace Unk. (City, town, or county) MO. (State or foreign country)

16. (a) Informant Woodrow Pike
(b) Address Springfield MO.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Slagle Cem.
18. (a) Signature of funeral director J.W. Klingner & Co.
(b) Address SPRINGFIELD MO.
19. (a) 7-20-45 (Date received local registrar) (b) S.W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 17 year 1945 hour 2. minute 30 P. M.
21. I hereby certify that I attended the deceased from Jan 20, 1943 to July 17, 1945 that I last saw him alive on June 20, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Valvular heart	2 yrs (?)
Due to: disease	
Due to: Hypostasis	
Other conditions: Dropsy (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy:	

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) None
(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

23. Signature [illegible] M.D. or other)
Address Springfield, Mo. Date signed July 17 1945

(Licensed Embalmer's Statement on Reverse Side)

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 J B Klingner

Licensed Embalmer No. 3358

P. O. Address Springfield · 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.