

REC'D FEB 21 1939

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

2547

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 398  
 (b) Township Blair Primary Registration District No. 3019 Registered No. 10  
 (c) City Independence Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

JOHN W. WILLIAM PILANT  
 (a) Residence, No. 1215 So. Pleasant St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Keck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 18 50-Dec-7

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
88 1 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) 13 years  
 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

FATHER 13. NAME Steno Pilant  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER 15. MAIDEN NAME Malie  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) A. W. Pilant  
1215 So. Pleasant.

18. BURIAL, CREMATION, OR REMOVAL PLACE Shubing Mo. DATE Jan 14 1939

19. FUNERAL DIRECTOR (ADDRESS) A. W. Brownfield  
Pleasant Hill Mo.

20. FILED 1-16-39 F. L. Cook Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 12 1939

22. I HEREBY CERTIFY, that I attended deceased from Sept - 15 1938, to Jan - 12 1939

I last saw him alive on Jan 12 1939. Death is said

to have occurred on the date stated above, at 3:00 m.

The principal cause of death and related causes of importance were as follows:

Cirrhosis liver  
Chronic nephritis  
124 19 years  
 Date of onset

Other contributory causes of importance: Pulmonary Edema

Name of operation no Date of X

What test confirmed diagnosis? water Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury no, 19\_\_\_\_

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. X

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify Charles G. Goats, M. D.

(Signed) F. L. Cook

(Address) 712 E. 31st St.

Independence Mo.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**