

REC'D MAY 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH **899**

13695
Do not use this space.
1449

1. PLACE OF DEATH
(a) County Jackson Registration District No. 1002
(b) Township Law Primary Registration District No. _____ Registered No. _____
(c) City M.C. Mo (d) Street No. M.C. Gen. Hosp (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (9) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Princessa Pickrell
(a) Residence, No. 2040 Law St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Pickrell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4-1866
7. AGE YEARS 73 MONTHS - DAYS - If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy 7
13. NAME unknown 7
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy 7
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

17. INFORMANT (ADDRESS) Recess Clerk M.C. Gen. Hosp
18. BURIAL, CREMATION, OR REMOVAL PLACE St Marys bur DATE 4/6/39
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. F. Magberry M.C. Mo
20. FILED Apr. 5 1939 M. M. Crowe assk Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-4-39, 19
22. I HEREBY CERTIFY, That I attended deceased from 4-2-39, 19, to 4-4-39, 19. I last saw her alive on 4-4-39. Death is said to have occurred on the date stated above, at 12:30 pm. The principal cause of death and related causes of importance were as follows:
Cardiac decompensation
Date of onset _____
Other contributory causes of importance:
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy NO
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) P. D. Mina Sept. 13 C Gen Hosp

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.