

SEP 6 1939

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

28402
Do not use this space.
3404

1. PLACE OF DEATH 2

(a) County Jackson Registration District No. 399

(b) Township Law Primary Registration District No. 1092 Registered No. 3404

(c) City Kansas City (d) Street No. 1609 Garfield 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 Hubert Lee Pickett

(a) Residence, No. 1609 Garfield 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 m. 4. COLOR OR RACE col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9, 1884

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|--------|-----------|----------|-----------|----------------------------------|
| | <u>55</u> | <u>3</u> | <u>19</u> | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Copier

9. Industry or business in which work was done, as saw mill, bank, etc. PA

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) Mo.

FATHER

13. NAME Henry Pickett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER

15. MAIDEN NAME Rosa Hatchett Persons

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Mo.

17. INFORMANT (ADDRESS) Rosa Pickett
1609 Garfield

18. BURIAL, CREMATION, OR REMOVAL PLACE Hickman Cem. DATE 8/31 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Starkins Bros
1729 Lydia

20. FILED 8/30 1939 m. m. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/28 1939

22. I HEREBY CERTIFY, That I attended deceased from 8/15, 1939, to 8/28, 1939
I last saw him alive on 8/28, 1939. Death is said to have occurred on the date stated above, at 11:50 P.
The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Myocarditis
ABC
Date of onset _____

Other contributory causes of importance:
Pleurisy & Effusion
Non tuberculous

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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) L. J. Williams M. D.
(Address) 1618 Lydia

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..... *Irvin Jerome Monlove*

Licensed Embalmer No. *3994*

P. O. Address *1729 Lydia Ave*

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.