FILED FEB 14 1941

No. 2
-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2734

Registration District No. 365 Primary Registration District No. 5511 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Hickory Rural

(b) City or town Wheatland Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(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 Hickory 43

(c) City or town Rural - Wheatland 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Maria Pine

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex fm

5. Color or race wht

6. (a) Single, widowed, married, divorced 2 widow

6. (b) Name of husband or wife Adam Pine

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept 14 1864
(Month) (Day) (Year)

8. AGE: Years 76 Months 3 Days 27 If less than one day hr. min.

9. Birthplace 4 England
(City, town, or county) (State or foreign country)

10. Usual occupation Hwife

11. Industry or business

FATHER
12. Name Henry Edwards
13. Birthplace 4 England
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Susan Humphrey
15. Birthplace 4 England
(City, town, or county) (State or foreign country)

16. (a) Informant Earnest Pine
(b) Address Wheatland Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/41 (Month) (Day) (Year)
(c) Place: burial or cremation Gardner Cem

18. (a) Signature of funeral director J R Luckey
(b) Address Wheatland Mo

19. (a) Feb. 1 1941 (Date received local registrar) (b) Mrs A. D. Johnston (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11 P
year 1941 hour 2 minute 30 M.

21. I hereby certify that I attended the deceased from Jan 6, 1941, to Jan 11, 1941;
that I last saw h alive on Jan 6, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis with heart failure

Due to Influenza

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration Jan 1

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)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
3 2 6 (Specify type of place)
While at work? (e) Means of injury

23. Signature Doyle C. McCrary (M. D. or other)
Address Bolivar Mo Date signed 1-17-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 2-41-319
Date Filed 2-11-41

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. P. Luckey.

Licensed Embalmer No. 2982

P. O. Address Wheatland M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.