No. 2
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X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 21 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11377

Registration District No. 547 Primary Registration District No. 3079 Registrar's No. 103

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: 513 Walnut ~~Residence~~ (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) 1

In this community 1

2. USUAL RESIDENCE OF DECEASED: 64

(a) State Missouri (b) County Marion

(c) City or town Hannibal (If outside city or town limits, write "RURAL") 1

(d) Street No. 513 Walnut (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Elihu W. Pickett

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 1

5. Color or race White

6. (a) Single, widowed, married, divorced 1 Married

6. (b) Name of husband or wife Rosa

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased March 13, 1868 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
73		8	hr. min.

9. Birthplace Virginia (City, town, or county) 1 (State or foreign country)

10. Usual occupation Retired

11. Industry or business With C.B.& Q. to 1931

FATHER
12. Name Henderson Pickett
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs Rosa Pickett

(b) Address 513 Walnut

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/24/41 (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olivet

18. (a) Signature of funeral director Wm M. Smith

(b) Address 902 Broadway Hannibal

19. (a) 3-21-41 (Date received local registrar) (b) W C Fisher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21 year 1941 hour 10 minute 15A M.

21. I hereby certify that I attended the deceased from 3-20, 1941, to 3-21, 1941 that I last saw him alive on 3-20-21, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death myocardosis

Due to Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? 4 88 (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) M D

Address Hannibal MO Date signed 3-21-41

(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 James A Moles.

Licensed Embalmer No. 3296

P. O. Address Hannibal Missouri

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

If this body is not embalmed, fact should be so stated above.