

No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18280

FILLED JUN 9 1941

Registration District No. 470

Primary Registration District No. 5633

Registrar's No. 66

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mt Vernon

(c) Name of hospital or institution: Missouri State San

(d) Length of stay: In hospital or institution 33 days

In this community 33 days

3. (a) PRINT FULL NAME Carl PIGUE

3. (b) If veteran, name war no

3. (c) Social Security No. 421-01-8166

4. Sex male

5. Color or race White

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

6. (b) Name of husband or wife Raymond Pigue

6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased May 2, 1911

8. AGE: Years 30 Months 3 Days hr min

9. Birthplace Unknown Arkansas

10. Usual occupation Filling Sta Operator

11. Industry or business

12. Name Unknown

13. Birthplace Unknown

14. Maiden name Unknown

15. Birthplace Unknown

16. (a) Informant Emma Michael, Record Club

(b) Address Mo State San

17. (a) Removal (b) Date thereof 5-6-41

(c) Place: burial or cremation Cardwell Mo

18. (a) Signature of funeral director Howard

(b) Address

19. (a) 5-1-1941 (b) P.A. HOLMES

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

(c) City or town Cardwell

(d) Street No.

(e) If foreign born, how long in U. S. A. 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5th

year 1941 hour 7:45 minute P M.

21. I hereby certify that I attended the deceased from Apr 3, 1941, to May 5, 1941, that I last saw him alive on May 5, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to

Due to 12/2

Other conditions

Major findings: Of operations

Of autopsy

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

421

While at work? (Specify type of place)

(b) Means of injury

23. Signature H. L. Coffman (M. D. or other)

Address Mt Vernon Mo Date signed 5-6-41

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

30

5

20
274
RECEIVED

District Health Officer No. 6,

District File Number 641-876

~~Sub. Filed~~ JUN 6 1949

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, fact should be so stated above.

2# JOHNSON