

S. No. 2
-11-10-39
v. 5-17-39
I X21492

De. G. H. Martin

20962

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 12 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 971

Registration District No. _____ Primary Registration District No. _____

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

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Ferksville
(c) Name of hospital or institution: 401 N. Main St.
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution 4 (Specify whether
In this community all his life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Adair
(c) City or town Ferksville
(If outside city or town limits, write "RURAL")
(d) Street No. 401 N. Main
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME George W. Pinkerton

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JUNE day 12
year 1941 hour _____ minute _____ M.

8. (b) If veteran, name war ✓ 8. (c) Social Security No. _____

21. I hereby certify that I attended the deceased from JUNE 7, 1941, to JUNE 11, 1941, that I last saw him alive on JUNE 11, 1941, and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced 3

Immediate cause of death _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: June 5 - 1858
(Month) (Day) (Year)

Due to Lobar pneumonia 4 days

8. AGE: Years 83 Months 0 Days 7 If less than one day hr. _____ min. _____

Due to _____

9. Birthplace Adair Co. Mo. (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Farmer

Major findings: Of operations _____

11. Industry or business _____
12. Name James Pinkerton
13. Birthplace Ohio (City, town, or county) (State or foreign country)
14. Maiden name Eva Barber
15. Birthplace Pa (City, town, or county) (State or foreign country)

Of autopsy _____

16. (a) Informant W. J. Frank
(b) Address Ferksville, Mo.

22. If death was due to external causes, fill in the following:

17. (a) Buried (b) Date thereof June 13/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Quincy, Mo.

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

18. (a) Signature of funeral director P. E. Hopper
(b) Address Ferksville, Mo.

(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? _____

19. (a) June 13/41 (b) Spencer L. Freeman
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(e) Means of injury 2
23. Signature C. H. Martin (M. D. or other) Do
Address Ferksville, Mo. Date signed 6/11/41

JUN 26 1944

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.

Handwritten notes:
E 7
7 1
6 10
12 6

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.