

Registration District No. 780

Primary Registration District No. 6028

Registrar's No. 46

506
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Genevieve County
(b) City or town Bonne Terre, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Genevieve Hosp.
(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)

3. (a) PRINT FULL NAME Little Carolyn Marie Pinkston

3. (b) If veteran, name war Chief 3. (c) Social Security No. Chief

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Chief

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

7. Birth date of deceased Dec 28 1940
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|------|----------------------|
| | 0 | 7 | 10 | hr. min. |

9. Birthplace Bonne Terre, Mo. R.F.D. No. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Chief

11. Industry or business Chief

12. Name Mr. Charles Pinkston

13. Birthplace St. Genevieve County, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Miss Pearl Bejington

15. Birthplace St. Genevieve County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. + Miss Charles Pinkston

(b) Address R.F.D. No. 1 Bonne Terre, Mo.
17. (a) Burial (b) Date thereof Aug. 9-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Aultberry Chapel

18. (a) Signature of funeral director Alvin W. Ford

(b) Address Flat River, Mo.

19. (a) Aug 13/41 (b) F. W. Douglas
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Gen
(c) City or town Rurals
(If outside city or town limits, write "RURAL")
(d) Street No. Jackson Twp.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7
year 1941 hour 6 minute 9 M.

21. I hereby certify that I attended the deceased from Aug 5
1941 to Aug 7 1941
that I last saw her alive on Aug 5
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to Rheumatism

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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?
While at work? _____ (Specify type of place)
(e) Means of injury _____

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

Address Flat River Mo Date signed [Signature]

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 *Alvin W. Hood*.....

Licensed Embalmer No. *2780*.....

P. O. Address *Flat River, Mo.*.....

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.