

No. 2  
11-10-39  
5-17-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

FILED FEB 13 1942  
Registration District No. 821

Primary Registration District No. 1557

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

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Sikeston, Mo.  
(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 years, months or days)

In this community 5 yrs

3. (a) PRINT FULL NAME John Marley Pickens

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 489-18-5748

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased 12 17 1872  
(Month) (Day) (Year)

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

69 0 28 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Dyer County Tennessee  
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Newton Pickens

18. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Theford

15. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant W.W. Pickens

(b) Address Kennett, Mo.

17. (a) Burial (b) Date thereof 1-16-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kennett, Mo.

18. (a) Signature of funeral director H.J. Welsh

(b) Address Sikeston, Mo.

19. (a) 1-15-42 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott

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

(d) Street No. 307 Trotter  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15  
year 1942 hour 1 minute 05 P.M.

21. I hereby certify that I attended the deceased from Jan 7 1942 to Jan 15 1942  
that I last saw him alive on Jan 14 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 108

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 similar)  
Address Sikeston Mo Date signed 1-15-42

Duration 8 days

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 2-42-159

Date Filed 2-18-42

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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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston, 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, above space should be left blank.