

S. No. 2  
-9-4-41  
5-17-39  
PI X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

20396

State File No. \_\_\_\_\_  
Registrar's No. **2455**

Registration District No. **399**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**

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

(c) Name of hospital or institution:  
**Colonial Rest Home, 7611 Wornall Road 4**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 weeks**  
(Specify whether years, months or days)

In this community **23 years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson 48**

(c) City or town **Kansas City 3**  
(If outside city or town limits, write "RURAL")

(d) Street No. **3800 E. 53rd 8**  
(If rural, give location) **0**

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6th** day **26th**  
year **1942** hour **8** minute **45 A.M.**

21. I hereby certify that I attended the deceased from **1936**  
\_\_\_\_\_ 19 \_\_\_\_\_ to **6-26-** 19 **42**  
that I last saw him alive on **6-26-** 19 **42**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion** Duration \_\_\_\_\_

Due to **Advanced Arteriosclerosis at Chronic Bright Disease**

Due to **Senility**

Other conditions **Senile Dementia**  
(Include pregnancy within 3 months of death)

Major findings:  Of operations **1318**

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? \_\_\_\_\_ (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 **0**

23. Signature **M. M. Brown** (If of other) \_\_\_\_\_  
Address **612 Chambers Bldg** Date signed **6-26-** \_\_\_\_\_

3. (a) PRINT FULL NAME **Mr. George Fisher Pickerill**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Male 0** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Mary E. Pickerill** 6. (c) Age of husband or wife if alive **---** years

7. Birth date of deceased **September 7 1857**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>84</b>	<b>9</b>	<b>19</b>	_____ hr. _____ min.

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

10. Usual occupation **Carpenter**

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

MOTHER FATHER { 12. Name **Jesse Pickerill**

{ 13. Birthplace **Unknown 1**  
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Sarah Sissen**

{ 15. Birthplace **Unknown 4**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Betty E. Knight**

(b) Address **6224 Olive**

17. (a) **Removal** (b) Date thereof **6-27-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Windsor, Missouri**

18. (a) Signature of funeral director **Freeman Mortuary**

(b) Address **Kansas City, Mo.**

19. (a) **6/26/42** (b) **M. M. Brown**  
(Date received local registrar) (Registrar's signature)

361

(Licensed Embalmer's Statement on Reverse Side)

118 mo. 22

