

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 227

BUREAU OF THE CENSUS
FILED JUL 14 1942

Registrar's No. 591

Registration District No. 85

Primary Registration District No. 1001

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

1. PLACE OF DEATH:

(a) County Bucyrus

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution State Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 yrs, 3 mo, 11 dy
(Specify whether years, months or days)

In this community 8 yrs, 3 mo, 11 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 5372 Myrtle
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ellen Pickle

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

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

7. Birth date of deceased _____ (Month) (Day) (Year) 1864

8. AGE: Years 89 Months ? Days ? If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER { 12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Hosp. Record

(b) Address State Hosp #2, St. Joseph, Mo.

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

(c) Place: burial or cremation MM Wash & Parlier

18. (a) Signature of funeral director Mrs. M. J. Parlier

(b) Address Kansas City, Mo.

19. (a) June 14-42 (b) Rose Herzog
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
year 1942 hour 10 minute 00 a.m.

21. I hereby certify that I attended the deceased from March 1 1942 to June 14 1942
that I last saw her alive on June 14 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Brainchiv. Pneumonia Duration 2 Days

Due to _____

Due to _____

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

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

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 O. E. Collins (M. D. or other) _____
Address State Hospital #2 Date signed _____

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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 *me*

....., Registered Apprentice No.
working under my personal supervision.

Signed *C. H. Wise*

Licensed Embalmer No. *2590*

P. O. Address *Rausser City Md*

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.