S. No. 2
—11-10-39
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Mo Barber 615 Rangeline

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 8 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29781

Registration District No. 38 Primary Registration District No. 3006-5120 Registrar's No. 206

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution: Boone County Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 7 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 10

(a) State Mo (b) County Boone. 1

(c) City or town ~~Columbia~~ Centralia O
(If outside city or town limits, write "RURAL")

(d) Street No. 314 Dave Collier
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ✓ 1 years.

3. (a) PRINT FULL NAME James Allen Pickett

3. (b) If veteran, name war

3. (c) Social Security No. ✓

4. Sex Male O

5. Color or race white.

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased Aug (Month) 13 (Day) 1942 (Year)

8. AGE: Years | Months 1 | Days 6 | If less than one day ✓ hr. ✓ min.

9. Birthplace Springfield Mo (City, town, or county) ✓ O (State or foreign country)

10. Usual occupation at home

11. Industry or business ✓

FATHER
12. Name Lowell B Pickett
13. Birthplace Stewartville (City, town, or county) Mo O (State or foreign country)

MOTHER
14. Maiden name Mary White Side
15. Birthplace Centralia (City, town, or county) Mo O (State or foreign country)

16. (a) Informant Mrs R.W. Mills

(b) Address Centralia Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/19/42 (Month) (Day) (Year)

(c) Place: burial or cremation Centralia.

18. (a) Signature of funeral director [signature]

(b) Address Centralia Mo

19. (a) 9/20-42 (Date received local registrar) (b) Edna H. Barbee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19
year 1942 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from Sept 9, 1942, to Sept 19, 1942
that I last saw him alive on Sept 19, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Inanition	1 month
Due to Prematurity	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature R. S. Batterely O (M. D. or other)

Address 412 Tiger Bldg Columbia Date signed 9/19/42

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(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by _____

_____, Registered Apprentice No. _____,

working under my personal supervision.

Signed M J McDonald

Licensed Embalmer No. 4313

P. O. Address Centralia 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.