

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

Rev. 5-17-39  
U.S. GOVERNMENT PRINTING OFFICE: 1931

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

31096

FILED OCT 8 1942  
Registration District No. 277

Primary Registration District No. 3949

Registrar's No.

34

1. PLACE OF DEATH:

(a) County Pike  
(b) City or town Sumner Twp. Rural  
(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 \_\_\_\_\_ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Happy Wright Pilkington  
3. (b) If veteran, name war no  
3. (c) Social Security No. none

4. Sex Male  
5. Color or race w  
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Rosie Isabel Pilkington  
6. (c) Age of husband or wife if alive 48 years  
7. Birth date of deceased May 29 1972  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 3 27 hr. min.

9. Birthplace Carrollton Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER  
12. Name Henry Pilkington  
13. Birthplace Don't Know  
(City, town, or county) (State or foreign country)  
14. Maiden name Ellen Ellison  
15. Birthplace Ill  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Raymond Pilkington  
(b) Address Bowling Green Mo  
17. (a) Burial (b) Date thereof 9 28 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Immaculate Cemetery

18. (a) Signature of funeral director Walter Bondehead  
(b) Address Bowling Green Mo  
19. (a) Sept 30/42 (b) of Mrs Frank Gads  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Pike  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26<sup>th</sup>  
year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death coronary thrombosis  
Due to \_\_\_\_\_  
Due to 94a  
Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy Y

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 J C Gilliam (M. D. or other)  
Address Louisiana Date signed 9/26/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 10-42-1809

Date Filed OCT-2-1912

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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 B A Raaf

Licensed Embalmer No. 3044

P. O. Address Bowling Green 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.