

FILED JAN 14 1943
209

Registration District No. **209**

Primary Registration District No. **3043**

Registrar's No. **301**

64
3
8

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

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution:
Residence / 1717 - 35th Street
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME Abner R. Pickett

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

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alice 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased December 17 1861
(Month) (Day) (Year)

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

81 11 22 hr. min.

9. Birthplace Wayne County West Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Car Repairer

11. Industry or business.....

12. Name Henderson Pickett

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

14. Maiden name Tamsy Endicott

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

16. (a) Informant Cecil Pickett

(b) Address Oakwood Missouri

17. (a) Burial (b) Date thereof 12/10/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olivet

18. (a) Signature of funeral director Wm M. Smith

(b) Address 902 Broadway Hannibal

19. (a) 12-11-42 (b) R. H. Corner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

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

(d) Street No. 1717-35th Street
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8
year 1942 hour 7 minute 40 P. M.

21. I hereby certify that I attended the deceased from Nov 20
~~Nov 20~~ 1942 to Dec 8 1942
that I last saw him alive on Dec 6 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia Duration 2

Due to Chronic Myocarditis?

Due to.....

Other conditions (include pregnancy within 3 months of death).....

Major findings: Of operations.....

Of autopsy.....

938

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) (e) Means of injury.....

23. Signature B. J. Murphy (M. D. or other) MD

Address Hannibal, Mo Date signed 12-9-42

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.....

John M. Smith

Licensed Embalmer No..... 1204

P. O. Address..... Hannibal Missouri

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.