No. 2
9-4-41
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X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 27 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

2732

State File No.

Registration District No. 469/176 Primary Registration District No. 5655 Registrar's No. 148 32

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution: Missouri State Sanatorium (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 294 days (Specify whether

In this community 294 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

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

(d) Street No. Route #5 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Wilma Kathleen Pike

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Colored 3

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan. (Month) 9 (Day) 1922 (Year)

8. AGE: Years 20 Months 11 Days 3 If less than one day hr. min.

9. Birthplace Glidewell (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Louis Emmett Pike
13. Birthplace Cave Springs (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Effie Stroud
15. Birthplace Cave Springs, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Ethel McMichael Record Clerk

(b) Address Mo. State San. Mt. Vernon, Mo.

17. (a) (Burial, cremation, or removal) (b) Date thereof Dec 15 42 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Comfort

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

(b) Address 702 - N. [illegible] Springfield Mo

19. (a) Dec. 18-42 (Date received local registrar) Anna Whitney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12 year 1942 hour 7 minute 25 P.M.

21. I hereby certify that I attended the deceased from Feb. 22, 1942 to Dec. 12, 1942 that I last saw her alive on Dec. 12, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: Over 1 year

PHYSICIAN — Underline the cause to which death should be charged statistically.

13 f

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 0

23. Signature [illegible] (M. D. or other)

Address Mt. Vernon, Mo Date signed 12/24/42

1182

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 143-107
Date Filed JAN 25 1943

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 H. V. Smith

Licensed Embalmer No. 4286

P. O. Address 702 - N. Jefferson

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.