

FILED AUG 5 1943 42

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
1403 Sylvania 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 15 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 1403 Sylvania
(If rural, give location)

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

3. (a) PRINT FULL NAME FLORA PINTO

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female 5. Color or race white

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

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

7. Birth date of deceased Feb. 10 1855
(Month) (Day) (Year)

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

83	4	26	hr. _____ min.
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9. Birthplace Chillicothe Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER

12. Name Henry M. Pinto

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

14. Maiden name unknown Anderson

15. Birthplace Charlotte N. Car.
(City, town, or county) (State or foreign country)

16. (a) Informant Wm B. Shultz

(b) Address St. Joseph, Mo.

17. (a) burial (b) Date thereof 7/8/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Auburn Cemetery

18. (a) Signature of funeral director Heaton Beale & Bowman

(b) Address St. Joseph, Mo.

19. (a) 7/6/43 (b) Rose Higo
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1943 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 1/42
to July 5/43, 1943
that I last saw h. BY alive on July 5/43
and that death occurred on the date and hour stated above.

Immediate cause of death General debility
Pericardial aneurysm
Due to Chronic Endocarditis

Due to _____

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

Major findings: of operations

Of autopsy _____

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 Dr. Thompson (M. D. or other)

Address 625 Charles St. Joseph, Mo. Date signed 7/7/43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

Dr. F. H. Thompson
10th & Charles

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 *Frank A. Bowman*

Licensed Embalmer No. *1710*

P. O. Address *St. Joseph*

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.