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X33867

FILED FEB 22 1944
Registration District No. **222**

Primary Registration District No. **4338**

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

1. PLACE OF DEATH:

(a) County **Monroe**
(b) City or town **Monroe City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
216 East Lawn St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **81** years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Monroe**
(c) City or town **Monroe City**
(If outside city or town limits, write "RURAL")
(d) Street No. **216 East Lawn St**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **John Francis Pike**

3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Amelia**
6. (c) Age of husband or wife if alive, years **75**

7. Birth date of deceased **November 1st 1862**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	81	2	3	_____ hr. _____ min.

9. Birthplace **Monroe County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer (Retired)**

11. Industry or business _____

12. Name **William J Pike**

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

14. Maiden name **Elizabeth Yager**

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

16. (a) Informant **Shirley Ferguson**

(b) Address **Monroe City Mo**

17. (a) **Burial** (b) Date thereof **1/6.44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St Stevens Monroe Co**

18. (a) Signature of funeral director **Wilson & Sons**

(b) Address **Monroe City, Mo**

19. (a) **1-6-44** (b) **Otis Hedberg**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **4th**
year **1944** hour **5** minute **50 A.** M.

21. I hereby certify that I attended the deceased from **May 6, 1943**, to **Jan 4, 1944**
that I last saw him alive on **January 4, 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary artery atherosclerosis and infarction of the myocardium**
The cervical glands left side red.

Due to _____

Due to _____

Other conditions: **Severity**
(Include pregnancy within 3 months of death)

Major findings: **552**
Of operations _____

Of autopsy _____

Duration of illness _____
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? **NO**

While at work? _____ (Specify type of place) (M. D. or other)

23. Signature **O.P. Pappie** (M. D. or other) **MD**

Address **Monroe City, Mo** Date signed **1/6/44**

1126

RECEIVED

District Health Officer No. 10

District File Number 2-44-272

Date Filed FEB 5 1911

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 By He

....., Registered Apprentice No.....
working under my personal supervision.

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Manassas City, Va

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.