

FILED MAR 8 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8080

State File No.

Registration District No. 295

Primary Registration District No. 4443

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Huntsville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
South Oak 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Huntsville
(If outside city or town limits, write "RURAL")
(d) Street No. South Oak Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Thomas Pickett
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month Feb. day 18
year 1944 hour 11. minute a. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 1 1853
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 15, 1944 to Feb 17, 1944
that I last saw him alive on Feb 17, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza Duration 3 days

8. AGE: Years Months Days If less than one day
90 4 17 hr. _____ min.

Due to _____
Due to _____

9. Birthplace Wilkes-Barre Pennsylvania
(City, town, or county) (State or foreign country)

Other conditions Mitral Stenosis yr
(Include pregnancy within 3 months of death)

10. Usual occupation coal miner

Major findings:
Of operations none
Of autopsy none 92 f
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name William Pickett

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

14. Maiden name Unknown

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

16. (a) Informant Miss Mary Pickett

(b) Address Huntsville, Missouri

17. (a) burial (b) Date thereof 2/22/1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Huntsville, Mo.

18. (a) Signature of funeral director Tom B. Patton

(b) Address Huntsville, Mo.

19. (a) 3-3-44 (b) Mrs. P. Dreyer
(Date received local registrar) (Registrar's signature)

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 0

23. Signature P. Dreyer (M. D. or other) MD

Address Huntsville, Mo. Date signed 3/3/44

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

MOTHER FATHER

1121

RECEIVED

District Health Officer No. 10

District File Number 3-44-476

Date Filed MAR 7 1944

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address. Huntsville TN

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.