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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

10249

State File No.

FILED APR 12 1944

Registration District No. 1944

Primary Registration District No. 40-01-

Registrar's No. 78

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Rural, Novinger, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Novinger, Mo. R. R.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

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

(d) Street No. Rural
(If rural, give location)

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

3. (a) PRINT FULL NAME Minnie Ethel Pinkerton

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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 Sept. (Month) 4 (Day) 1906 (Year)

8. AGE: Years 37 Months 6 Days 2 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

FATHER
12. Name James P. Pinkerton
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Julia May Bozarth
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Beverly Wimber
(b) Address Novinger, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/ 7/44 (Month) (Day) (Year)
(c) Place: burial or cremation Lutz Cemetery

18. (a) Signature of funeral director Dee Riley
(b) Address Kirksville, Mo.

19. (a) Mar. 14, 1944 (Date received local registrar) (b) Mrs. J. L. Wagner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch. day 5
year 1944 hour 1:00 minute P: M.

21. I hereby certify that I attended the deceased from Mar. 5, 1944 to Mar. 5, 1944
that I last saw her alive on Mar. 5, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to a fall and struck her head against a building accidently

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) accident

(b) Date of occurrence Mar. 2, 1944.

(c) Where did injury occur? Adair Co. Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On the Farm
(Specify type of place)

While at work? (e) Means of injury

23. Signature W. E. Munn (M. D. or other)
Address Novinger, Mo. Date signed 3/9-44

74
/44

1049

(Licensed Embalmer's Statement on Reverse Side)

4/44/670

APR 12 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 D E Riley

Licensed Embalmer No. 4181

P. O. Address Keokuk Ia

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

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