S. No. 2
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v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11823

FILED APR 12 1944

Registration District No. 2 77 Primary Registration District No. 5988 Registrar's No. 32

1. PLACE OF DEATH:

(a) County Put NAM

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

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

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 80 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Put NAM 86

(c) City or town Rural 0 (If outside city or town limits, write "RURAL")

(d) Street No. Unionville Mo (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Rhoda ANN PICKERING

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex F

5. Color or race W.

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

6. (b) Name of husband or wife ALEXANDER PICKERING

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

7. Birth date of deceased July (Month) 2 (Day) 1858 (Year)

8. AGE: Years 85 Months 6 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) IOWA 1 (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Thomas Woods
13. Birthplace ..... (City, town, or county) Unk. 9 (State or foreign country)

MOTHER
14. Maiden name Unk
15. Birthplace ..... (City, town, or county) Unk. 9 (State or foreign country)

16. (a) Informant John Pickering

(b) Address Unionville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-1-44 (Month) (Day) (Year)

(c) Place: burial or cremation Shelby Cem

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

(b) Address Unionville Mo

19. (a) 4/5/44 (Date received local registrar) (b) [illegible] (Registrar's signature)

1047

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 30 year 44 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from June, 1943, to March 29, 1944 that I last saw her alive on March 29, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Uremia renal Vascular disease

Duration March 29 1944

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) 131a

Major findings:
Of operations .....

Of autopsy .....

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature N. W. Gillum (M.D. or other) D.O.

Address ..... Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-44-740
Date Filed APR 6 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 F. O. Husted

Licensed Embalmer No. 2975

P. O. Address Jamonville

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.