. S. No. 2
M—5-42
v. 5-17-39
I X32873

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

State File No. 13439

FILED APR 25 1945

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 298

1. PLACE OF DEATH:

(a) County: GREENE

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

(c) Name of hospital or institution: 200 block West Chestnut
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene

(c) City or town: Springfield,
(If outside city or town limits, write "RURAL")

(d) Street No.: 1037 Mt. Vernon
(If rural, give location)

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

3. (a) PRINT FULL NAME: G. Claude Pike

3. (b) If veteran, name war: Unknown

3. (c) Social Security No.: Unknown

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Myrtle Pike

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

7. Birth date of deceased: November (Month) 6, (Day) 1874 (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	70	5	3	hr. min.

9. Birthplace: Boone County, (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation: Quarantine Officer

11. Industry or business: City Health Department

FATHER
12. Name: William F. Pike
13. Birthplace: Unknown (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name: Artimia Roberts
15. Birthplace: Unknown (City, town, or county) Wisconsin (State or foreign country)

16. (a) Informant: Mrs. Myrtle Pike
(b) Address: Springfield, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 11, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Hazelwood Cemetery

18. (a) Signature of funeral director: Alma Lohmeyer Funeral Home
(b) Address: Springfield, Missouri

19. (a) 4-11-45 (Date received local registrar) (b) O. M. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9, year 1945 hour 10:30 minute A. M.

21. I hereby certify that I attended the deceased from 4-9, 1945, to 4-9, 1945; that I last saw him alive on 4-9, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary thrombosis	24 hrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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: W. Roland Langston (M. D. or other) MD
Address: Springfield, Mo. Date signed: 4/10/45

(Licensed Embalmer's Statement on Reverse Side)

JUL 27 1945

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 Harlow Knabb

Licensed Embalmer No. 4065

P. O. Address Springfield, Mo.

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.

X