

FILED MAY 26 1945
Registration District No. **179**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
(a) County **JACKSON**
(b) City or town **KANSAS CITY MO**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **ST JOSEPH HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 DAY** (Specify whether years, months or days) **2-04 YEARS**

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **JACKSON**
(c) City or town **KANSAS CITY**
(If outside city or town limits, write "RURAL")
(d) Street No. **1508 LINWOOD BLVD** (If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **MR CHARLES THOMAS PICKENS**
3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **486-10-2628**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **MRS FLORENCE B. PICKENS** 6. (c) Age of husband or wife if alive **62** years
7. Birth date of deceased **AUGUST - 21 - 1880**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 8 13 hr. min.

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

10. Usual occupation **SALES MAN**

11. Industry or business **H. J. HEINZ COMPANY**

12. Name **THOMAS PAYTON PICKENS**

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

14. Maiden name **SARAH INGLES**

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

16. (a) Informant **Mrs. Florence B. Pickens**

(b) Address **1508 Linwood Blvd**

17. (a) Removal (b) Date thereof **May 8, 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Keokuk, Iowa**

18. (a) Signature of funeral director **D. N. Newcomb Iowa**

(b) Address **1401 BROSH CREEK BLYD**

19. (a) 5-7-45 (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MAY** day **4TH**
year **1945** hour **5** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **Pathologist**, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: **Chronic myocarditis**
Recent myocardial hemorrhages
Due to **Coronary sclerosis**
and generalized arteriosclerosis
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: **93 d.**
Of operations _____
Of autopsy **As above**

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) _____
(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 **8**

23. Signature **braine Greenwood** (M. D. or other)
Address **Pathologist** Date signed _____

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 *Oscar Toth*
Licensed Embalmer No. *1767*
P. O. Address *Kansas City*

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.