

**FILED** JUL 13 1945

Registration District No. \_\_\_\_\_

Primary Registration District No. **4198**

Registrar's No. **56**

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

**1. PLACE OF DEATH:**  
 (a) County Lentz  
 (b) City or town King City, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community 3 months

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo (b) County Wheeler 32  
 (c) City or town Union Star Mo  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** James Wesley Pickard  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W  
 6. (a) Single, widowed, married, divorced 2 widowed  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Sept. 3, 1854  
(Month) (Day) (Year)

**8. AGE:** Years 90 Months 9 Days 18  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** Coatesville Ind. 1  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Retired Farmer

**11. Industry or business** \_\_\_\_\_

**MOTHER FATHER**  
 { **12. Name** Moses Pickard  
 { **13. Birthplace** Unknown Ill. 1  
(City, town, or county) (State or foreign country)

{ **14. Maiden name** Middy Sluty  
 { **15. Birthplace** Unknown Ill. 1  
(City, town, or county) (State or foreign country)

**16. (a) Informant** John Pickard  
 (b) Address Union Star, Mo.

**17. (a) Burial** (b) Date thereof June 24, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Star, Mo.

**18. (a) Signature of funeral director** Louis M. Wilson  
 (b) Address King City, Mo.

**19. (a) June 22, 1945** (b) Harner M. Nibels  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month June day 21  
 year 1945 hour 9 minute 15 PM  
**21. I hereby certify that I attended the deceased from**  
June 1, 1945 to June 21, 1945  
 that I last saw him live on June 15, 1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Chronic Myocarditis  
Arterio Sclerosis

Duration

2  
2

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (c) Means of injury 0

**23. Signature** C. M. Reynolds (M. D. or other) \_\_\_\_\_  
 Address Union Star, Mo. Date signed June 22-45

RECEIVED

District Health Officer No. 11,

District File Number

Date Filed

**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

*Lucile M. Wilson*

Licensed Embalmer No. *2830*

P. O. Address *King City 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.**