

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 268

Primary Registration District No. 3049

Registrar's No. 24

1. PLACE OF DEATH: Pennington

(a) County Pennington

(b) City or town Hayti
(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 9 mos 12 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: Pennington

(a) State Missouri (b) County Pennington

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

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

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

If yes, name country:

3. (a) PRINT FULL NAME ANNA Pickett

3. (b) If veteran, name war: 3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30
year 1945 hour 12 minute P. M.

21. I hereby certify that I attended the deceased from 6-30-45 to 6-30-45, 1945,
that I last saw her alive on 6-30-45, 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Pneumonia

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife: 6. (c) Age of husband or wife if alive: 9 years (Month) (Day) (Year)

7. Birth date of deceased: 9 (Month) 1944 (Day) (Year)

8. AGE: Years Months Days If less than one day
9 12 hr. min.

9. Birthplace: Hayti (City, town, or county) mo (State or foreign country)

10. Usual occupation:

11. Industry or business:

12. Name Vernella Pickett

13. Birthplace Clarkdale (City, town, or county) miss (State or foreign country)

14. Maiden name Luziza Childs

15. Birthplace Clford (City, town, or county) miss (State or foreign country)

16. (a) Informant Luziza Pickett

(b) Address Hayti - mo

17. (a) Burial (b) Date thereof 7-2-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hayti mo

18. (a) Signature of funeral director D. J. Smith

(b) Address Hayti - mo

19. (a) 7-6-45 (b) J. J. ...
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations: 1091

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) (e) Means of injury: 2

23. Signature J. J. ... (D. prother)
Address Hayti mo Date signed 7-2-45

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

78
29
1

7-45-172

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.