

S. No. 2
1-9-41
7-5-17-39
PI X29484

FILED NOV 10 1945

STANDARD CERTIFICATE OF DEATH

State File No. 33347

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 321

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

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton

(c) Name of hospital (or institution) St. Joseph #1 2
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 5-30-45
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Emily Pigneyer

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

4. Sex Female 5. Color or race W

6. (a) Single, widowed, married, divorced 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 5-16-1869
(Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation Wife

11. Industry or business _____

12. Name John T

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

14. Maiden name Wicks

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

16. (a) Informant Ricardo

(b) Address _____

17. (a) Removal (b) Date thereof 10/22/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edalia, Mo

18. (a) Signature of funeral director Malcolm General Home

(b) Address Fulton, Mo (D.C. Breuninger, Reg)

19. (a) 10-22-1945 (b) Joan Morscutt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Putte 14

(c) City or town Edalia (If outside city or town limits, write "RURAL") 1

(d) Street No. _____ (If rural, give location) 2

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 22 year 1945 hour 12 minute 25 M.

21. I hereby certify that I attended the deceased from 10-31 to 10-22, 1945
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocardial infarction

Duration _____

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) _____ (e) Means of injury 0

While at work? _____

Signature R. E. Stenard (M. D. or other) _____

Address Fulton, MO Date signed 10/22/45

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 11-9-45

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 Henry C. Brannon

Licensed Embalmer No. 2724

P. O. Address Fulton md

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.