

FILED MAR 6 1946

Registration District No. 82

Primary Registration District No. 3617

Registrar's No. 15

1. PLACE OF DEATH:

(a) County COOPER
(b) City or town BOONVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
705 8th St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 1 YEAR
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER 217
(c) City or town WOOLDRIDGE
(If outside city or town limits, write "RURAL")
(d) Street No. RURAL (If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME MRS NELLIE PINKETT

3. (b) If veteran, name war. NONE (c) Social Security No. NONE

4. Sex FEMALE 3 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife. HENRY LEE PINKETT 6. (c) Age of husband or wife if alive years

7. Birth date of deceased NOVEMBER 8 - 1905
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 3 0 hr. min.

9. Birthplace COOPER COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

12. Name CHARLES BOWLES

13. Birthplace COOPER COUNTY MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name MILDRED HAYES

15. Birthplace COOPER COUNTY MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant MRS WINIFRED ALLEN

(b) Address BCONVILLE, MO.

17. (a) BURIAL (b) Date thereof 2/11/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director STEGNER

(b) Address BOONVILLE, MO.

19. (a) 2-16-46 (b) Clay Morris
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 8th
year 1946 hour 7 minute A.M.

21. I hereby certify that I attended the deceased from
Sept 19 1945 to Feb 8 1946
that I last saw him alive on Feb 7 1946
and that death occurred on the date and hour stated above.

Immediate cause of death. Chronic Myocarditis
Duration unknown

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) (r) Means of injury 0

23. Signature J. C. Tincher (M. D. or other) M.D.
Address Boonville Mo Date signed 2/9/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
4060

29
1
2

RECEIVED

District Health Officer No. 1,

District File Number -----

Date Filed 3-5-46

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 James W. Stegner
Licensed Embalmer No. 3780
P. O. Address Boonville, 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.