

State File No. ....

Registration District No. 291

Primary Registration District No. 4433

Registrar's No. 22

**1. PLACE OF DEATH:**  
 (a) County PuTnam  
 (b) City or town Unionville  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
MONROE HOSPITAL & Clinic 0  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 20 hours  
(Specify whether)  
 In this community LIFE TIME  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County PuTnam 86  
 (c) City or town Unionville  
(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** REBECCA PINSON  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. No

4. Sex FEMALE 5. Color or race WHITE  
 6. (a) Single, widowed, married, divorced WIDOWED  
 6. (b) Name of husband or wife DAVID PINSON  
 6. (c) Age of husband or wife if alive 4 years  
 7. Birth date of deceased JUNE 1856  
(Month) (Day) (Year)

**8. AGE:** Years 89 Months 8 Days 29  
 If less than one day  
 hr. min.

9. Birthplace PuTnam Co. MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business .....

12. Name GEORGE W. BRADSHAW

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

14. Maiden name ROSANNA HENSTLEY

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

16. (a) Informant Gorey D. Pinson

(b) Address Unionville, Missouri

17. (a) BURIAL (b) Date thereof Mar 6-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation UNIONVILLE CEMETERY

18. (a) Signature of funeral director Comstock FUNERAL HOME

(b) Address Unionville, Mo. by John Comstock

19. (a) 3-30-46 (b) McDowell  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month MARCH day 3  
 year 1946 hour 6:00 minute 4 M.

21. I hereby certify that I attended the deceased from March 2  
1946 to March 3 1946  
 that I last saw her alive on March 2 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death not known - Duration  
(Probably) cerebral hemorrhage

Due to Hypertension

Due to chronic glomerular nephritis

Other conditions fractured hip  
(Include pregnancy within 3 months of death)  
and possibly shock from same

Major findings:  
 Of operations .....

Of autopsy .....

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? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(Specify type of place)

While at work? .....

23. Signature L. W. McDonald (M. D. or other) MD  
 Address Unionville, Mo. Date signed 3-5-46

MOTHER FATHER

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RECEIVED

District Health Officer No.

District File Number 4-46-

Date Filed APR 22 1946

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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

*John P. Comstock*

Licensed Embalmer No.

3891

P. O. Address

Chimneyville, Pa.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. May  
Registrar's No. 228

Registration District No. 291

Primary Registration District No. 4423

1. PLACE OF DEATH:

(a) County Putnam  
(b) City or town Unionville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Rebecca Pinson

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_

7. Birth date of deceased June 4 (Month) (Day) (Year)

8. AGE: Years 89 Months \_\_\_\_\_ Days \_\_\_\_\_ (Unless than one day) hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

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

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY 1946 year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death) 2 days

Major findings: Fractured hip due to fall PHYSICIAN

Of operations \_\_\_\_\_ Underline the cause to which death should be charged statistically.  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? Unionville - Putnam MO (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature: S. W. McDonald (M. D. or other) D.D.

Address Unionville, Mo. Date signed 4-30-46

SUPPLEMENTARY

MOTHER FATHER

14139