S: No. 2
M—5-43
. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20838

State File No.

Registration District No. 169 Primary Registration District No. 5614 Registrar's No. 49

1. PLACE OF DEATH:
(a) County Knox County
(b) City or town Rural S. Barton
(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 years, months or days)
In this community 24 yrs.

2. USUAL RESIDENCE OF DECEASED: 102
(a) State Missouri (b) County Shelby
(c) City or town 3½ mi. East of Clevenna
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) /
If yes, name country

3. (a) PRINT FULL NAME Jessie Mabel Pickett
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F. 1
5. Color or race W.
6. (a) ~~Single~~, ~~widowed~~, married, divorced Married
6. (b) Name of husband or wife Charles Pickett
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased July (Month) 20 (Day) 1899 (Year)
8. AGE: Years 46 Months 10 Days 26 If less than one day hr. min.
9. Birthplace Shelby Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation House wife
11. Industry or business
MOTHER FATHER
12. Name Wm Latimer
13. Birthplace Knox Co. (City, town, or county) Missouri (State or foreign country)
14. Maiden name Maude Vanskike
15. Birthplace Knox Co. (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Charles Pickett
(b) Address Newark, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 18 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Salem
18. (a) Signature of funeral director C.W. Musgrave
(b) Address Bethel, Missouri
19. (a) June-22-46 (Date received local registrar) (b) Nellie A. Wenrich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16 year 1946 hour 9:45 minute P. M.
21. I hereby certify that I attended the deceased from June 11 1946, 19.. to June 16, 1946 that I last saw her alive on June 16, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	June 11 1946 to June 16 1946
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 130	
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? 21
(Specify type of place)
While at work? (e) Means of injury
23. Signature C. O. Holmes M.D. or other DO
Address Novelty Mo Date signed 6-20-46

151

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-46-1347
Date Filed JUL 11 1946

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 .....

..... Self ....., Registered Apprentice No. .....,

working under my personal supervision.

Signed C. W. Musgrove

Licensed Embalmer No. 2319

P. O. Address Bethel, 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.