

FILED DEC 3 1946
35-2
Registration District No. _____

Primary Registration District No. 6191

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Keokuk Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
Small life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Leonora May Pickett

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

3. (c) Social Security No. _____

4. Sex female 5. Color or race W.

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife deceased 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 24 1868
(Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 16 If less than one day hr. _____ min. _____

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

10. Usual occupation Home Keeper

11. Industry or business _____

12. Name Pittenbarger 9

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

14. Maiden name Edwards 9

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

16. (a) Informant Frank Pickett

(b) Address Keokuk Mo

17. (a) Burial, cremation, or removal Edward Campbell (b) Date thereof Nov 13-46
(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director W. H. Whelchel

(b) Address Wagoner Mo

19. (a) Nov-10-46 (b) E. Copwell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jasper

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 9 year 46 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov-9 1946 that I last saw her alive on Nov-9 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Chronic Coronary Heart Disease

Due to _____

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

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? _____ (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 _____

23. Signature H. C. Clapp (M. D. or other)

Address Forayth, Mo Date signed 11-18-46

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 6,
District File Number DFR 5-2-46-1194
Date Filed 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Minnie L. Welch
Licensed Embalmer No. 2277
P. O. Address Dunbar 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.