

No. 2
-2-43
17-39
X35897

FILED JAN 30 1947

Registration District No. _____

Primary Registration District No. 3000

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirkville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Laughlin Hosp. 1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Putnam
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Five Miles West of Sidney, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Neal Martin Pickett

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Sarah Pickett 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased March 11, 1868
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 7 If less than one day hr. min.

9. Birthplace Putnam Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Agriculture

12. Name Salomon Pickett

13. Birthplace Green Co Ind.
(City, town, or county) (State or foreign country)

14. Maiden name Annella Young

15. Birthplace St. Paul Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Vergil Pickett

(b) Address Kirkville, Mo.

17. (a) Burial (b) Date thereof 1-21-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edford Cemetery

18. (a) Signature of funeral director Edford Cemetery

(b) Address Kirkville, Mo.

19. (a) 1-25-47 (b) Wate Lambert
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18th
year 1947 hour ten minute 56 P. M.

21. I hereby certify that I attended the deceased from 8th to Jan. 18 1947
that I last saw him alive on Jan 18 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to Chronic nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 3+B

Of autopsy none performed

Duration

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) _____
Means of injury 2

23. Signature J. T. Rhoads, D.O. (M.D. or other) _____

Address Kirkville, Mo Date signed 1-21-47

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

MOTHER FATHER

REC'D
Dist. No. 10
Dist. No. 47
Date Filed JAN 28 1947

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,

....., Registered Apprentice No.

working under my personal supervision.

Signed Clarence M. Billo

Licensed Embalmer No. 4375

P. O. Address Kirkville, 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.