

No. 2
2-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **4099**
Registrar's No. **172**

Registration District No. _____ Primary Registration District No. **4052**

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

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town Agency mo. Agency town
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Agency
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 6 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town Agency mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
Agency
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME. Edward Pike
 3. (b) If veteran, name war -- 3. (c) Social Security No. --

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb day 2
 year 1947 hour 9:PM minute _____ M.
 21. I hereby certify that I attended the deceased from _____
 1940 to 2-2- 1947
 that I last saw him alive on 2-2- 1947
 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Aug 1 1869
(Month) (Day) (Year)

Immediate cause of death myocarditis
 Duration 7 p.m.
 Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

8. AGE: Years 77 Months 6 Days 1 If less than one day _____ hr. _____ min.
 9. Birthplace Clinton Co Mo
(City, town, or county) (State or foreign country)

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?

(Specify type of place)
 While at work? _____ (e) Means of injury _____

11. Industry or business Laborer
MOTHER, FATHER
 12. Name William Pike
 13. Birthplace _____
(City, town, or county) (State or foreign country)
 14. Maiden name Delia Thompson
 15. Birthplace _____
(City, town, or county) (State or foreign country)
 16. (a) Informant Melvin Pike
 (b) Address Agency mo.
 17. (a) Burial (b) Date thereof Feb 4-47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Zion
 18. (a) Signature of funeral director H. A. Sullens
 (b) Address Gowen mo
 19. (a) 2-7-47 (b) H. C. Jenkins
(Date received local registrar) (Registrar's signature)

23. Signature J. C. Stearns (M. D. or other) MD
 Address Lawrence Mo Date signed 2-4-47

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..... *H.A. Sullivan*

Licensed Embalmer No. *1838*

P. O. Address..... *Gower 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.