

S. No. 2
DOM-5-43
ev. 5-17-39
I X36671

FILED JUL 9 1947

Registration District No. 137

Primary Registration District No. 5515

Registrar's No. 173

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution:
Shawnee Top / Rural
(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) 4 yr.

In this community 4 yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry ⁴²

(c) City or town Shawnee township ⁰
(If outside city or town limits, write "RURAL")

(d) Street No. Chilhowee Mo ⁰
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No) ⁰

If yes, name country —

3. (a) PRINT FULL NAME Margaret Pearl Pickering

3. (b) If veteran, name war L

3. (c) Social Security No. L

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

6. (b) Name of husband or wife Earl Pickering 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased 8-26-1884
(Month) (Day) (Year)

8. AGE: Years 62 Months 10 Days 1 If less than one day hr. min.

9. Birthplace Blue Rapids Kans.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name George Francis

13. Birthplace Living Kansas
(City, town, or county) (State or foreign country)

14. Maiden name Jennie Cox

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

16. (a) Informant Earl Pickering

(b) Address Chilhowee Mo.

17. (a) Burial (b) Date thereof 6-29-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shawnee Mound

18. (a) Signature of funeral director Fred Withman

(b) Address Chilhowee Mo.

19. (a) 6-30-47 (b) R R Kerney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1947 hour 12 minute 01 AM

21. I hereby certify that I attended the deceased from Called at 12:30 A.M. Patient dead.
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolus

Duration 30 min.

Due to Thrombosis and arterial lesions with diabetes

Duration 10 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 61

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?

While at work? (Specify type of place) (c) Means of injury L

23. Signature E N Robinson (M. D. or other) D.O.

Address Chilhowee Mo Date signed 6/28/47

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

MOTHER FATHER

RECEIVED
District Health Officer No. 7,
District File Number 6-47-798
Date Filed 7-2-47

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.....

Paul E. Williams....., Registered Apprentice No. 434
working under my personal supervision.

Signed *Paul E. Williams*.....

Licensed Embalmer No. 2478

P. O. Address *Clinton 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.