

No. 2
2-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 3 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30086**
Registrar's No. **80**

Registration District No. **337** Primary Registration District No. **4496**

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

3. (a) PRINT FULL NAME **JAMES MARSHALL PICKETT**
3. (b) If veteran, name war: **-** 3. (c) Social Security No. **1**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Jessie D. Pickett** 6. (c) Age of husband or wife if alive **68** years
7. Birth date of deceased **Jan-7-1876**
(Month) (Day) (Year)

8. AGE: Years **71** Months **7** Days **9** If less than one day **-** hr. **-** min.

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

10. Usual occupation **Banker**

11. Industry or business

MOTHER FATHER
12. Name **W. C. Pickett**
13. Birthplace **Ky?**
(City, town, or county) (State or foreign country)
14. Maiden name **Charlotte Blamack**
15. Birthplace **Shelby Co. Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Jessie Pickett**
(b) Address **Shelbyville Mo**

17. (a) **Burial** (b) Date thereof **Aug 18 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **S.O.O.P. Cemetery**

18. (a) Signature of funeral director **E. P. Thompson**
(b) Address **Shelbyville Mo**

19. (a) **8-30-47** (b) **Ruth Jaeger**
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **16**
year **1947** hour **4** minute **30** M.

21. I hereby certify that I attended the deceased from **June 23** - **Aug 16**, 1947
that I last saw him alive on **Aug 15**, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
Infection of head of K. L. Lawrence and K. A. ... due to an old injury.
Due to **11 MO**

Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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) (e) Means of Injury

23. Signature **H. C. ...** (M. D. or other)
Address **Shelbyville MO** Date signed **8-19-47**

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

MAY 15 1958

RECEIVED
District Health Officer No. 10
District File Number 9-47-1149
Date filed SEP-2-1947

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, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Myself

Signed *E. P. Thompson*

Licensed Embalmer No. *1632*

P. O. Address *Shelbyville, 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.