No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2060

State File No.

Registration District No. 291 Primary Registration District No. 5991 Registrar's No. 2

1. PLACE OF DEATH:

(a) County Putnam

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

(c) Name of hospital or institution: Highway 4 7 miles East of Unionville
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Most of life (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 86

(a) State Mo. (b) County Putnam

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

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

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John Pickering Jr.

3. (b) If veteran, name war World War II

3. (c) Social Security No.

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec. (Month) 10 (Day) 1918 (Year)

8. AGE: Years 29 Months 1 Days 14 If less than one day hr. min.

9. Birthplace Putnam Co. Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Trucker

11. Industry or business self

FATHER
12. Name John Pickering Sr. 0
13. Birthplace Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Johnson 0
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Randall Pickering
(b) Address Unionville, Mo. 0

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. (Month) 27-1948 (Day) (Year)
(c) Place: burial or cremation Thompson Cem.

18. (a) Signature of funeral director Hunted & Son.
(b) Address Unionville Mo.

19. (a) 2-2-48 (Date received local registrar) (b) Marvell Durbin (Registrar's signature) 21.1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24 year 1948 hour 8 minute 0 M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death | Duration

Due to Truck Wreckon No 4 Highway seven miles east of unionville

Due to Mo.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

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) Accident 86

(b) Date of occurrence Jan 24th 1948

(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 3

23. Signature Chas Fowler Cornor (M.D. or other)

Address Unionville, Mo Date signed 1-26-47

(Licensed Embalmer's Statement on Reverse Side) Collision with fixed object

JUL 2 1948

RECEIVED
District Health Officer No. 1
District File Number 2-41-301
Date Filed FEB 11 1948

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 F. O. Husted

Licensed Embalmer No. 2975

P. O. Address Unionville 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.