

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

2-3300
State File No. 7915
Registrar's No. 347

FILED MAR 29 1948

Registration District No. 42

Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
Missouri Methodist Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 hours (Specify whether
In this community 6 hours years, months or days)

3. (a) PRINT FULL NAME Vinton Pike

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0 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 April 2 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

68 11 17 hr. min.

9. Birthplace St. Joseph Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Vinton Pike

13. Birthplace Cornish Maine 1
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Hereford

15. Birthplace Doniphan County Kansas 1
(City, town, or county) (State or foreign country)

16. (a) Informant Katherine Pike

(b) Address R.#3 St. Joseph, Mo.

17. (a) Burial (b) Date thereof Mar. 20, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mora Cemetery.

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 3-22-48 (b) K. B. Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew 2

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

(d) Street No. R. #3 St. Joseph, Mo. (If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th
year 1948 hour 1 minute 40 P.M.

21. I hereby certify that I attended the deceased from 12-4-47
to 3-19-48
that I last saw him alive on 3-19-48
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronic 6.7m
Duration

Due to

Due to

Other conditions: None
(Include pregnancy within 3 months of death)

Major findings: None

Of operations None

Of autopsy None

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?

(Specify type of place)

While at work (c) Means of injury

23. Signature Paul J. Jorgensen (M. D. or other)

Address St. Joseph, Mo. Date signed 3-20-48

APR 2 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..... *Albert C. Harrington*

Licensed Embalmer No..... 3258 Missouri

P. O. Address..... St. Joseph, 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.