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M-5-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9174  
Registrar's No. 24

FILED APR 14 1948

Registration District No. 163

Primary Registration District No. 3031

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

1. PLACE OF DEATH:  
(a) County Jefferson  
(b) City or town De Soto, 5th + Lake sts  
(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 \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Jefferson  
(c) City or town De Soto (If outside city or town limits, write "RURAL") 50  
(d) Street No. 5th + Lake sts. 2  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) 2  
If yes, name country No

3. (a) PRINT FULL NAME Wayne LYNN PINSON.  
(b) If veteran, name war No  
(c) Social Security No. No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 18th  
year 1948 hour \_\_\_\_\_ minute 1:30 P.M.  
21. I hereby certify that I attended the deceased from 3-18 to 3-18 1948  
that I last saw him alive on 3-18 1948  
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
divorced Infant

Immediate cause of death Probable Birth Injury  
Due to Breach delivery  
Due to \_\_\_\_\_

7. Birth date of deceased March - 18 - 1948  
(Month) (Day) (Year)  
8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
If less than one day 2 hr. \_\_\_\_\_ min.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace De Soto, Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business \_\_\_\_\_

12. Name SAMUEL PINSON

13. Birthplace Potosi, Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Doris Eldine H. H. H. H.

15. Birthplace De Soto, Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant SAMUEL PINSON

(b) Address 5th + Lake sts, De Soto, Mo

17. (a) Burial (b) Date thereof 3-19-48  
(Burial, cremation; or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wood Lawn Park

18. (a) Signature of funeral director J. J. C. Motherhead  
(b) Address De Soto, Mo

19. (a) 4/2/48 (b) Marie Parrie  
(Date received local registrar) (Registrar's signature)

PHYSICIAN  
Underline the cause to which death should be charged statistically.  
110

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 0  
23. Signature J. J. C. Motherhead (M. D. or other) \_\_\_\_\_  
Address De Soto, Mo Date signed 4/2/48

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed APR 12 1978

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 <sup>not</sup> ~~not~~.....

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

Signed *J. E. M. [Signature]*.....

Licensed Embalmer No. *3531*.....

P. O. Address *Res. to [Signature]*.....

**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.**