

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 14 1948
REGISTRATION DISTRICT NO. 1972

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9643
Registrar's No. 159

Primary Registration District No. 3908

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

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Holland rural
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 1/2 years
In this community 21 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pemiscot 78
(c) City or town Holland rural
(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 _____

3. (a) PRINT FULL NAME Robert Pinchard Jr.
3. (b) If veteran, yes name war War Two
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 31
year 1948 hour 7 minute 30 P.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 gun shot wound Duration _____
in chest

4. Sex M 5. Color or race Cal
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Myrtle Pinchard
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 4 1927
(Month) (Day) (Year)

8. AGE: Years 25 Months 6 Days 27
If less than one day _____ hr. _____ min.

9. Birthplace Sunflower Co Miss
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Robert Pinchard Sr.
13. Birthplace Vaton Miss
(City, town, or county) (State or foreign country)
14. Maiden name Willy Miller
15. Birthplace Brooktown Miss
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Pinchard Sr.
(b) Address Holland Mo

17. (a) Burial (b) Date thereof 4-4-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Herman Hunt Co.
(b) Address Steele Mo

19. (a) 4-10-48 (b) L. A. Williamson
(Date received local registrar) (Registrar's signature)

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

Major findings: 166
Of operations _____
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) homicide
(b) Date of occurrence 3-31-48
(c) Where did injury occur? Pemiscot Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Road
While at work? no (Specify type of place)
(e) Means of injury _____
23. Signature Jack Kelly Cooper (M.D. or other) _____
Address Hopt. Mo. Date signed 4-1-48

4-48-124

MAY 4 1948

AUG 5 1948

APR 21 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 John H. German
Licensed Embalmer No. 4355
P. O. Address 105E Washington Bay, Md

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.