DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 13 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21912

Registration District No. 391 Primary Registration District No. 6153 Registrar's No. 16

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Rural Pike
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(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 Missouri (b) County St. Louis ~~Stoddard~~
(c) City or town Allenton
(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

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3. (a) PRINT FULL NAME MOLLIE H. PINK
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Phillip F. Pink
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased April 10 1882 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	86	2	23	hr. min.

9. Birthplace Hillsborough Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name James Hendrickson
13. Birthplace ..... Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Judith Adams
15. Birthplace ..... Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Guy Pink
(b) Address St. Louis, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 4, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Moman Memorial Park
18. (a) Signature of funeral director Lloyd S. Moman
(b) Address Advance, Mo.
19. (a) 7-7-48 (Date received local registrar) (b) Bernice Moore (Registrar's signature) 210

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3 year 1948 hour 19 minute 30 A.M.
21. I hereby certify that I attended the deceased from July 3, 1948, to July 3, 1948; that I last saw her alive on July 3, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: 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)
(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? (e) Means of injury

23. Signature H. Shillings (M. D. or other) 2 DO
Address Tuxico Date signed 7/5/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No.
District File Number 748-
Date Filed 2-12-

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 William H Morgan, Registered Apprentice No. 208 working under my personal supervision.

Signed Floyd S. Morgan

Licensed Embalmer No. 3360

P. O. Address Advance, C

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.