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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 4 1948

Registration District No. 1/47

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1602

State File No. 36805

Registrar's No. 4670

1. PLACE OF DEATH:

(a) County: JACKSON

(b) City or town: KANSAS CITY (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: LAKESIDE HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2 DAYS (Specify whether years, months or days)

In this community: 2 DAYS

2. USUAL RESIDENCE OF DECEASED:

(a) State: KANSAS (b) County: LYON 999

(c) City or town: AMERICUS 5 (If outside city or town limits, write "RURAL")

(d) Street No.: 2 (If rural, give location)

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

If yes, name country: - -

3. (a) PRINT FULL NAME: MRS. INEZ ESTELLE PICKERING

3. (b) If veteran, name war: NO

3. (c) Social Security No.: NONE

4. Sex: FEMALE 1

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: WIDOWED 2

6. (b) Name of husband or wife: MR. HENRY PICKERING

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

7. Birth date of deceased: JUNE (Month) 18 (Day) 1876 (Year)

8. AGE: Years 72 Months 4 Days 27 If less than one day: hr. min.

9. Birthplace: AMERICUS (City, town, or county) KANSAS (State or foreign country)

10. Usual occupation: AT HOME

11. Industry or business: - -

MOTHER FATHER

12. Name: ELIAS MOORHEAD

13. Birthplace: UNKNOWN (City, town, or county) OHIO (State or foreign country)

14. Maiden name: CLARA WILKINSON

15. Birthplace: UNKNOWN (City, town, or county) INDIANA (State or foreign country)

16. (a) Informant: MISS BESSIE PICKERING

(b) Address: 4726 HARRISON STREET

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: NOV-15-1948 (Month) (Day) (Year)

(c) Place: burial or cremation: AMERICUS, KANSAS

18. (a) Signature of funeral director: D. N. Quisenberry Sons

(b) Address: 1401 - BRUSH CREEK BLVD

19. (a) 11-15-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 15TH year 1948 hour 5 minute 15A M.

21. I hereby certify that I attended the deceased from NOV. 13, 1948 to NOV. 15, 1948 that I last saw her alive on NOV. 15, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Head of Pancreas	-
Due to: Causing Jaundice and Hepatic Necrosis.	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 4 U	

Major findings: Of operations:

Of autopsy: Carcinoma of Pancreas Hepatic Necrosis.

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: 2

23. Signature: H. F. Gramms (M. D. or other) D.O.

Address: 1102 EAST 47TH STREET Date signed: 11/15/48

(Licensed Embalmer's Statement on Reverse Side)

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 Jess T. Davis

Licensed Embalmer No. 4453

P. O. Address Kansas City

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.