

MAR 19 1941
Registration District No. **720**

Primary Registration District No. **5951**

Registrar's No. **5**

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

1. PLACE OF DEATH: Putnam

(a) County Putnam

(b) City or town Liberty, Mo.

(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 _____ (Specify whether)

In this community _____ years, months or days

8. (a) PRINT FULL NAME: Levi Pickering

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 3

6. (b) Name of husband or wife Caroline Pickering 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: (Month) 3 (Day) 8 (Year) 1850

8. AGE: Years 90 Months 10 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation: Farmer

11. Industry or business _____

MOTHER, FATHER

12. Name Benjamin Pickering

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

14. Maiden name Melinda White

15. Birthplace Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant: John W. Pickering

(b) Address: Unionville Mo

17. (a) _____ (b) Date thereof: (Month) (Day) (Year)

(c) Place: burial or cremation Shelby

18. (a) Signature of funeral director: E. H. Hester (Specify type of place) _____ (b) Address: Unionville Mo (c) Means of injury _____

19. (a) 2-15-41 (b) E. E. McCallan (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Putnam ⁸⁶

(c) City or town Rural ⁰
(If outside city or town limits write "RURAL") ⁰

(d) Street No. _____ (If rural, give location) ⁰

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 3
year 1941 hour 2-30 minute P. M.

21. I hereby certify that I attended the deceased from Jan _____, 1941 to Feb 3 _____, 1941
that I last saw him alive on Jan _____, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Aneurysm

Duration _____

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? _____

23. Signature: P. V. Hunt (M. D. or other) ⁰
Address: Coatonsville Mo Date signed _____

RECEIVED

District Health Officer No. 10

District File Number 3-41-512

Date Filed MAR 8 1941

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 Muel E. Husted

Licensed Embalmer No. 3304

P. O. Address Unionville, N.C.

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, above space should be left blank.