

FILED FEB 25 1946
Registration District No. 319

Primary Registration District No. 6081

Registrar's No. 13

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

1. PLACE OF DEATH:

(a) County ST. GENEVIEVE

(b) City or town Union Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: FARMINGTON ROUTE 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether _____)

In this community LIFE years, months or days

3. (a) PRINT FULL NAME WILLIAM ROSS PINKSTON

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARRY PINKSTON

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased March 17 1866
(Month) (Day) (Year)

8. AGE: Years 80 Months 10 Days 9 If less than one day hr. min.

9. Birthplace ST. FRANCOIS CO. MO.
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business SELF

MOTHER FATHER

12. Name Joseph PINKSTON

13. Birthplace Don't know MO
(City, town, or county) (State or foreign country)

14. Maiden name MARGARET ANDREWS

15. Birthplace NEAR BONNE TERRE MO.
(City, town, or county) (State or foreign country)

16. (a) Informant HERMAN PINKSTON

(b) Address BONNE TERRE ROUTE ONE

17. (a) BURIAL (b) Date thereof 1-29-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OSBURY CHAPEL

18. (a) Signature of funeral director C. J. Boyer & SON

(b) Address DESOUE MO.

19. (a) 2-9-46 (b) Lee D. Hall
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ST. GENEVIEVE

(c) City or town FARMINGTON ROUTE 4
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 26
year 1946 hour 3 minute PM

21. I hereby certify that I attended the deceased from Dec 24
1945 to Jan 26 1946
that I last saw him alive on Dec 24 1945
and that death occurred on the date and hour stated above.

Immediate cause of death central hemorrhage Duration _____

Due to hypertension

Due to arteriosclerosis

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

Major findings: Of operations 830

Of autopsy no

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 2

23. Signature L. P. Stauffer (M. D. or other) DO

Address Farmington Mo Date signed 1/28/46

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.....

working under my personal supervision.

Registered Apprentice No.

Signed.....

D. J. Sayer

Licensed Embalmer No.

3660

P. O. Address.....

Heslope, Mo

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.