

S. No. 2
M-5-43
5-17-39
I X38671

FILED APR 11 1946
Registration District No. 376

Primary Registration District No. 6073

Registrar's No. 80

1. PLACE OF DEATH:

(a) County St. Francois
 (b) City or town Rural Perry Sup.
 (If outside city or town limits, write "RURAL" and name of township)
Bonne Terre Route 1
 (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)

3. (a) PRINT FULL NAME NANCY CAROLINE PINKSTON
 (b) If veteran, name war _____
 (c) Social Security No. ✓

4. Sex F 5. Color or race W
 6. (a) Single, widowed, married, divorced Widow
 (b) Name of husband or wife James David Pinkston
 (c) Age of husband or wife if alive ✓ years _____
 7. Birth date of deceased Aug 14 1871
 (Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 22
 If less than one day _____ hr. _____ min.

9. Birthplace Search Village Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Retail

11. Industry or business _____

12. Name William Byington
 13. Birthplace St. Francois Mo.
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Roy Pinkston
 (b) Address St-1 Bonne Terre Mo.

17. (a) Burial (b) Date thereof 3-8-46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Delphoy Chapel

18. (a) Signature of funeral director Bertram Underhill
 (b) Address 313 Bonham Bonne Terre

19. (a) 3/11/46 (b) Ether Rudloff
 (Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
 (c) City or town Bonne Terre
 (If outside city or town limits, write "RURAL")
 (d) Street No. Route 1
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Month March day 6th
 year 1946 hour 1 minute 50 P.M.
 21. I hereby certify that I attended the deceased from Feb 12
5 1946 to March 6 1946
 that I last saw her alive on March 3 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive
Pneumonia
 Due to absent on left
side of neck
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Duration
5 days
1 mo.

Major findings:
 Of operations _____
 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?

(Specify type of place) _____
 While at work? _____ (e) Means of injury _____
 23. Signature J. M. Stanfield (M. D. or other) _____
 Address Springfield Mo Date signed 3/8/46

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

RECEIVED

District Health Officer No. 4
District File Number 446-1976
Date Filed 4-9-46

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 _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed E. J. Claywell
Licensed Embalmer No. 3706
P. O. Address Bonne Terre, 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.