

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14770
 Do not use this space.

REC'D MAY 10 1939

1. PLACE OF DEATH

- (a) County Dunklin Registration District No. 288
 (b) Township Sak Primary Registration District No. 4172 Registered No. _____
 (c) City Kennett Mo (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

- (a) Residence, No. 530 Sarah E. Smith St. (If nonresident, give city or town and State)
203 West 6th St (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. UNMARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jay Smith</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 4 - 1868</u>		
7. AGE YEARS <u>81</u>	MONTHS	DAYS <u>17</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>unemployed</u>		
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jenny</u>		
13. NAME <u>Sam Johnson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jenny</u>		
15. MAIDEN NAME <u>Wright</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jenny</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Bess Cook</u> <u>Kennett Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Ridge</u> DATE <u>3/18/39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>L. H. and G. Kennett Mo.</u>		
20. FILED <u>4-19-39</u> <u>Hubert Davis</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-16, 1939

22. HEREBY CERTIFY, That I attended deceased from June 17, 1938, to March 16, 1939
 I last saw her alive on March 15, 1939. Death is said to have occurred on the date stated above, at 8:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Cerebrovascular Disease
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 Other contributory causes of importance:
Senility - General arteriosclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Paul Baldwin, M. D.
 (Address) Kennett Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 3,

District File Number 39-291

Date Filed 6-4-29

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

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