

JAN 22 1940

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

43267
Do not use this space.

1. PLACE OF DEATH

(a) County Dunklin Registration District No. 788
(b) Township 1 Primary Registration District No. 4172
(c) City Kennett Mo (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred _____ yrs. mos. da. (f) How long in U. S., if of foreign birth? _____ yrs. mos. da.

2. PRINT FULL NAME

1527 Minnie Louise
(a) Residence, No. Kennett Mo St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Tom Louisa
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dont Know
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
About 54

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Keyp
9. Industry or business in which work was done, as saw mill, bank, etc. Keyp
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) Mo 0
FATHER 13. NAME Tom Brown 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 9
MOTHER 15. MAIDEN NAME Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know
17. INFORMANT (ADDRESS) Ethel Brewley
Kennett Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Marsh Cem DATE 12-8 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lutz and Co
Kennett Mo
20. FILED 12-18 1939 W. H. Doves
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-7 1939
22. I HEREBY CERTIFY, That I attended deceased from 12-4 1939 to 12-7 1939
I last saw alive on 12-6 1939 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Broncho Pneumonia Date of onset _____

Other contributory causes of importance:
mitral regurgitation
renal retention
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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? _____
If so, specify _____
(Signed) W. H. Doves M. D.
311 (Address) Kennett Mo.

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 100-786

Date Filed 1/16/40

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.