

Registration District No. 288

Primary Registration District No. 4172

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Kennett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
314 Madison Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Lifetime
years, months or days)

3. (a) PRINT FULL NAME John Wesley Priest

3. (b) If veteran, name war No 3. (c) Social Security No. 489-14-9254

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

6. (b) Name of husband or wife Maudie Qualls Priest 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 2 1891
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>2</u>	<u>9</u>	hr. _____ min.

9. Birthplace Kennett Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Common Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name James Priest
13. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Maudie Priest
(b) Address Kennett, Mo.

17. (a) Burial (b) Date thereof Oct 13 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazel, Kennett

18. (a) Signature of funeral director Walter Salmer
(b) Address Kennett, Mo.

19. (a) 10-12-40 (b) Whitcomb
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin
(c) City or town Kennett
(If outside city or town limits, write "RURAL")
(d) Street No. 314 Madison
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11
year 1940 hour 3 minute 10 p. m.

21. I hereby certify that I attended the deceased from Oct 11, 1940, to Oct 11, 1940, that I last saw him alive on Oct 11, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death
Pneumococcus Pneumoniae
Right Lobe 5 days

Due to _____
Due to Dust Exposure

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? at home

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

23. Signature George Whitcomb (M.D. or other) Do
Address Kennett Mo Date signed 12/2

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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RECEIVED

District Health Officer No. 2,

District File Number 1040-1600

Date Filed 10/15/40

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 J. Palmer

Licensed Embalmer No. 2556-

P. O. Address Kennett, 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, above space should be left blank.