

No. 2
-13-40
-17-39
X23159

STANDARD CERTIFICATE OF DEATH

35243

State File No. _____

Registration District No. _____

Primary Registration District No. 5706

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Kennett R.T. 1
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 20
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin
(c) City or town Rural R.T. 1
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Bobie Earl Hargrave

3. (b) If veteran, name war _____ (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased: July 3 1940
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>2</u>	<u>27</u>		hr. _____ min. _____

9. Birthplace Kennett Mo RFD #10
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Fred Hargrave

13. Birthplace Adkins Ala
(City, town, or county) (State or foreign country)

14. Maiden name Doris Owens

15. Birthplace Lorance Ala
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Hargrave

(b) Address Kennett R.T. 1

17. (a) Burial (b) Date thereof Sept 30-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation North Elm

18. (a) Signature of funeral director [Signature]

(b) Address Kennett Mo

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29
year 1940 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Unattended by a Physician 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Spiral Rupture 2nd Day

Due to Congenital Defect
Hydrocephalus

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

Duration _____
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? _____

23. Signature Wheeler Davis (Registrar or other) _____
Address Kennett Mo Date signed 10-15-40

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

MOTHER FATHER

RECEIVED

District Health Officer No. 2,

District File Number 1140-1703

Date Filed 11/14/40

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, fact should be so stated above.