

13-40
7-39
X231189

State File No. _____

LED JAN 25 1940
Registration District No. 288

Primary Registration District No. 4172

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennett Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Fremont Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 hour
(Specify whether in this community years, months or days) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Dunklin

(c) City or town Kennett T
(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 George Washington Pack

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30
year 40 hour 9 minute 48 P. M.

21. I hereby certify that I attended the deceased from 12-30-40
8:15 PM, 19____, to 12-30-40 9:40 PM.

that I last saw him alive on 12-30, 1940
and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased: Dec 25 1900
(Month) (Day) (Year)

Immediate cause of death
Perforated Gastric Ulcer & Generalized Peritonitis

Duration 24 hours

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) MI

8. AGE: Years Months Days If less than one day
40 5 hr. min.

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy Perforated Gastric Ulcer & generalized Peritonitis

9. Birthplace Dover Ark
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Pack

13. Birthplace Dunklin Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Maudie Curran

15. Birthplace Dover Ark
(City, town, or county) (State or foreign country)

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? 261

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

23. Signature S. R. Russell (M. D. or other) Thel
Address Kennett Mo Date signed 1-8-41

16. (a) Informant Charles Swan

(b) Address Rivers Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-40
(Month) (Day) (Year)

(c) Place: burial or cremation Hammersville Mo

18. (a) Signature of funeral director Edith Mink

(b) Address Kennett Mo

19. (a) 1-9-41 (Date received local registrar) (b) Whiter Davis (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 2

District File Number 141-102

Date Filed 4/14/41

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 *A. C. Lausdell*

Licensed Embalmer No. *818*

P. O. Address *Kennewick, Wa*

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.