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

Registration District No. 288 Primary Registration District No. 4172

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: Mumell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days (Specify whether
In this community 5 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Dunklin
(c) City or town Kennett (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Logan Blaine Brent
(b) If veteran, name war no (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JAN day 7
year 1941 hour 3 minute 5 p. M.
21. I hereby certify that I attended the deceased from 1-2, 1941, to 1-7, 1941;
that I last saw him alive on 1-7-41 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 Married
6. (b) Name of husband or wife Martha Brent 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Nov 11 1883 (Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration 5 days
Due to Hypertension 2-3 years
Other conditions \$200
Major findings:
Of operations _____
Of autopsy _____

8. AGE: Years 57 Months 1 Days 27 If less than one day _____ hr. _____ min.
9. Birthplace Cleveland Ark (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business _____
12. Name Wesley Brent
13. Birthplace Cleveland Ark (City, town, or county) (State or foreign country)
14. Maiden name Willie Ann Frazer
15. Birthplace Cleveland Ark (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Lona Sawyer
(b) Address Bragg City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-9-41 (Month) (Day) (Year)
(c) Place: burial or cremation Cleveland Ark
18. (a) Signature of funeral director Ant Link Co
(b) Address Kennett Mo
19. (a) 1-9-41 (Date received local registrar) (b) Walter Davis (Registrar's signature)

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?
While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature A. S. Lunsell (M. D. or other) MD
Address Kennett Mo Date signed 1-8-41

RECEIVED

District Health Officer No. 2,

District File Number 141-99

Date Filed 1/14/41

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. Landell

Licensed Embalmer No.

818

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, fact should be so stated above.