

Registration District No. 290

Primary Registration District No. 5408

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennett

(c) Name of hospital or institution: Presnell Hospital
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

(c) City or town Deering 35
(If outside city or town limits, write "RURAL") 2

(d) Street No. _____ (If rural, give location) 2

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME George Wesley Miske, Jr.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28
year 1941 hour 6 minute 43 A. M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced U

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

7. Birth date of deceased Aug. 10 - 1939
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 20, 1941, to Jan 28, 1941, that I last saw him alive on Jan 28, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE: Years _____ Months 5 Days 18 If less than one day _____ hr. _____ min.

Due to Branchopneumonia

9. Birthplace Deering, Mo.
(City, town, or county) (State or foreign country)

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

10. Usual occupation Infant

11. Industry or business _____

12. Name G. W. Miske

13. Birthplace Deering Mo
(City, town, or county) (State or foreign country)

14. Maiden name Theresa Strauchel

15. Birthplace Dunklin Co. Mo.
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy _____

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

16. (a) Informant George Miske
(b) Address Deering Mo

17. (a) Burial (b) Date thereof 1-29-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kennett, Mo

18. (a) Signature of funeral director Dr. Daniel Lunn
(b) Address Deering Mo

19. (a) 3-7-41 (b) Dr. Wheluda
(Date received local registrar) (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? at home

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

Signature J. P. Presnell (M. D. or other) M.D.
Address 204 S. Main, Kennett, Mo. Date signed 2-7-41

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

335-
p 2
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RECEIVED

District Health Officer No. 2

District File Number 341-368

Date Filed 3/12/41

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

H. G. Gooch

Registered Apprentice No.

working under my personal supervision.

Signed

H. G. Gooch

Licensed Embalmer No.

4106

P. O. Address

Smith 31

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: