

Registration District No. 288

Primary Registration District No. 5406

Registrar's No. _____

35
000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Kennett Mo
 (a) County: Dunklin
 (b) City or town: Kennett Mo-Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1 East High
 (If not in hospital or institution, write street number or location)
 (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: Kennett Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No.: No. Main
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Betty Bailey
 3. (b) If veteran, name war: NO
 3. (c) Social Security No.: NO

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March Day 16
 year 1941 hour 11 minute 4 M.

4. Sex: Female 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: June 14 1867
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>9</u>	<u>2</u>	hr. _____ min. _____

Immediate cause of death: Heart ailments
 Due to: N M D

9. Birthplace: Unknown (City, town, or county) Key 1 (State or foreign country)
 10. Usual occupation: Housewife
 11. Industry or business: _____

Other conditions: 200 W
 (Include pregnancy within 3 months of death)
 Major findings: palpual, Dilat:
 Of operations: _____
 Of autopsy: Heart palpation

MOTHER FATHER
 12. Name: Richard Schoat
 13. Birthplace: Unknown (City, town, or county) (State or foreign country)
 14. Maiden name: Unknown
 15. Birthplace: IL (City, town, or county) (State or foreign country)

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

16. (a) Informant: Richard Bailey
 (b) Address: Hardwick Mo
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 19 1941
 (Month) (Day) (Year)
 (c) Place: burial or cremation: St. Ann's Kennett

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)
 (e) Means of injury _____

18. (a) Signature of funeral director: _____
 (b) Address: _____
 19. (a) 3-48-41 (Date received local registrar) (b) Dr. Wheeler (Registrar's signature)

23. Signature: John L. ... (M. D. or other)
 Address: ... Date signed: ...

RECEIVED

District Health Officer No.

District File Number 441-4

Date Filed 4/10/41

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.

not Embalmed

Signed *Franklin Garner*

Licensed Embalmer No. *Ark. No. 61*

P. O. Address *Cordwell, 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.

Registration District No. 288

Primary Registration District No. 5476

Registrar's No. _____

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

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Betty Bailey
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced und
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased June 14 - 1869
(Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 2 If less than one day
hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director A. Emerson

(b) Address Wangley Ave

19. (a) 3-18-41 (b) White Davis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Mar day 16
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;

that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to _____

Diagnosed as _____

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? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. A. Lane (M. D. or other) J. P.

Address Wm 16, 41 W. Bennett Date signed _____

SUPPLEMENTARY

Acting Coroner

RECEIVED

District Health Officer No. 2,

District File Number

Date Filed

S-10588 1941

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.