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

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 Prunell Hospital
(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 Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Highway 25 2 mi. N.E. KENNETT
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Jose Lewis

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 8
year 1947 hour 4 minute 25 P.M.

21. I hereby certify that I attended the deceased from 4-8-47 19... to 4-8-47 19...;

that I last saw him alive on 4-8-47 19...;

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 Single

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

7. Birth date of deceased Don't know
about (Month) (Day) (Year)

Immediate cause of death: Tran. base of skull intracranial hemorrhage

Due to fracture lower ribs left side laceration of left lung

Due to struck by auto on Highway 25

Other conditions: Severe shock, Concussion
(Include pregnancy within 3 months of death)

Major findings of operations: Brain

Of autopsy: 1706-4

Duration: 2 hrs

8. AGE: Years 81 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Don't know 9
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Don't know

13. Birthplace Don't know 9
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Don't know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Eli George

(b) Address Kennett R. 7

17. (a) Rural (b) Date thereof 4-9-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gregory Cem

18. (a) Signature of funeral director Lutz and Co

(b) Address Kennett Mo

19. (a) Apr 29-47 (b) Julia Blankenship
(Date received local registrar) (Registrar's signature)

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) Accident

(b) Date of occurrence 4-8-47 0.35

(c) Where did injury occur? Kennett Dunklin Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public highway 25 2 miles north of Kennett
While at work? Yes (Specify name of place) (b) Means of injury Auto

23. Signature J. Prunell (M. D. or other) M.D.

Address Kennett, Mo Date signed 4-28-47

RECEIVED
District Health Office No. 2,
District File Number 542-679
Date Filed 5-20-42

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.