

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 288

Primary Registration District No. 4172

Registrar's No. 107

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 Presnell 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 Twelve years

3. (a) PRINT FULL NAME Jewelle McDonald

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Raymond McDonald 6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased Aug 14 1916
(Month) (Day) (Year)

8. AGE: Years 26 Months 7 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Home Wife

11. Industry or business _____

12. Name Bess Paterson

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

14. Maiden name Edna Whitson

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

16. (a) Informant Raymond McDonald

(b) Address Hamersville Star R

17. (a) Burial (b) Date thereof 4-12-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Luther Cem

18. (a) Signature of funeral director John W. Co

(b) Address Kennett Mo

19. (a) 4-25-47 (b) John B. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 35
(c) City or town Hamersville Rural
(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 4 day 11
year 1947 hour 6 minute 26 P.M.

21. I hereby certify that I attended the deceased from 4-2- to 4-11 1947
that I last saw him alive on 4-11 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Hepatic failure, Circulatory collapse.

Due to _____
Due to 126
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Marked scarred G.B. containing two large stones completely filling G.B. cavity with adhesions to stomach, base of

PHYSICIAN

Underline which death should be certified to

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 _____

23. Signature G.R. Presnell (M. D. or other)
Address Kennett, Mo Date signed 4-23-47

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

5
2
2

901

RECEIVED

District Health Office No. 2,

District File Number 542-684

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 Walter A. Hawker's
Licensed Embalmer No. 2002
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.