

State File No.

Registrar's No. 283

FILED SEP 16 1942

Registration District No. 1842

Primary Registration District No. 5142

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Neelyville, Rural
(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 Several years
In this community Several years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
(c) City or town Neelyville
(d) Street No. Rural
(e) Citizen of foreign country? No
If yes, name country

3. (a) PRINT FULL NAME George Kent

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced, 9
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased: Exact unknown
(Month) (Day) (Year)

8. AGE: Years 78 Months Days If less than one day? hr. min.

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

10. Usual occupation Farm Laborer

11. Industry or business

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

16. (a) Informant Everett Keys

(b) Address Neelyville

17. (a) burial (b) Date thereof 9-1-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation County Farm

18. (a) Signature of funeral director Greer Croy Service

(b) Address Poplar Bluff, Mo.

19. (a) 9-4-42 (b) Billie Turner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31
year 1942 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 Angina Pectoris
From objective and subjective symptoms
Due to Acute gastritis

Due to Chronic Alcoholism

Other conditions: 942
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) () Means of injury

23. Signature Billie Turner (M.D. or other)

Address Poplar Bluff, Mo. Date signed 9-5-42

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

12000

12000

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

92

RECEIVED

District Health Office No. 2

District File Number 942-1190

Date Filed 9-11-42

JAN 21 1943

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.