

7. S. No. 2
OM-5-42
ev. 5-17-39
X3287

2124

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 10

LED FEB 5 1948
Registration District No. 787

Primary Registration District No. 3019

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

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennett
(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. 11 days
In this community One Year (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO

(b) County Pemisscott

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Bragg City
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Herman Matthew McLeod

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 24 year 1942 hour _____ minute _____ M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Pauline

6. (c) Age of husband or wife if alive 1889 years

7. Birth date of deceased Feb. 8th 1889
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-13 1942 to 12-24 1942 that I last saw him alive on 12-24 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 53 Months 10 Days 16 If less than one day hr. _____ min. _____

Immediate cause of death Pulmonary Edema

Due to Compensation Adhoma severe

Due to _____

Other conditions Appendicitis
(Include pregnancy within 5 months of death)

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

10. Usual occupation Farming

Major findings: Respirated gangrene
Appendix with peritonitis

Of autopsy _____

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

11. Industry or business _____

12. Name Robert McLeod

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

14. Maiden name Sarah Ann Hobbs

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

16. (a) Informant Bert Richardson

(b) Address Bragg City, Missouri

17. (a) Burial (b) Date thereof 12-25-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blytheville, Ark.

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 Lentz Service

(b) Address Kennett Mo.

19. (a) 1-27-43 (b) Julia Blankenship
(Date received local registrar) (Registrar's signature)

23. Signature J. K. Treanor (M. D. or other) M.D.

Address Kennett, Mo. Date signed 12-24-42

(Licensed Embalmer's Statement on Reverse Side)

901

RECEIVED

District Health Office No. 2,

District File Number 245-167

Date Filed 2-3-43

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

FEB 11 1943

Signed Walter C. Hawkins
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.