

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 48

Registration District No. 1942

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 Mo
(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 4.9 Days
(Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kennett (b) County Dunklin
(c) City or town Missouri, Kennett
(If outside city or town limits, write "RURAL")
(d) Street No. 406 Popper
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ben Martin Ethridge

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lillie Ethridge 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased April 17 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months 14 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Henderson Co. Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Bill Ethridge

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

14. Maiden name Wm Ham

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

16. (a) Informant Wm Ethridge

(b) Address Stills R-2 Mo.

17. (a) Burial (b) Date thereof 5-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

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

(b) Address Kennett Mo

19. (a) 5-27-43 (b) J. Blankenship
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1943 hour 11 minute a M.

21. I hereby certify that I attended the deceased from unattended by a Physician
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial Failure

Due to Arteriosclerotic
Valvular Heart Disease
Due to _____ 3 years

Other conditions (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) (e) Means of injury _____

23. Signature George J. Williams D O D
owner of Dunklin Co (M, D, or other)
Address 7th and 7th Date signed 5-14-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

MAY 19 1948

RECEIVED

District Health Office No. 2,

District File Number 643-732

Date Filed 6-3-43

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.

Signed

Walter A. Hopkins

Licensed Embalmer No. 2002

P. O. Address. Ken nettl me

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.