

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

X32873

FILED JUL 24 1943

Primary Registration District No. 5422

Registrar's No. 56

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

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Kennett - Rural Ind.
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community 40 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin
(c) City or town Kennett Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary R. Searcy

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

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

6. (b) Name of husband or wife G.A. Searcy 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased November 8, 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 7 20 hr. min.

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

10. Usual occupation home

MOTHER FATHER

11. Industry or business
12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Diser Allen
(b) Address Kennett, Mo

17. (a) Burial (b) Date thereof 6-29-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gregory Cemetery

18. (a) Signature of funeral director Patricia Salmas

(b) Address Kennett, Mo

19. (a) 6-30-43 (b) John Blandish
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1943 hour 1:55 minute 4 P.M.

21. I hereby certify that I attended the deceased from 1939 to June 28, 1943
that I last saw her alive on June 27 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
Due to Small Arteriosclerosis 5 years

Due to 13 ft
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

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)
(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
3. Signature George Williams 20
Address Kennett, Mo Date signed 6-29-43

RECEIVED

District Health Office No. 2,

District File Number 743-872

Date Filed 7-19-43

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 J. Salomon

Licensed Embalmer No. 2556

P. O. Address Kenneth M

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.