

No. 2
-5-42
5-17-39
X32873

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7096

State File No. _____

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 48

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: Fresnell Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pemscot

(c) City or town Steele 3
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Carolyn Jo Whitfield

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex 7 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased May 27, 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

3 8 29 hr. min.

9. Birthplace Pemscot County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

12. Name Neeley W Whitfield

13. Birthplace Benton County, Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Surbian Owens

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

16. (a) Informant Neeley Whitfield

(b) Address Carrollsville, Mo. Rt. 1

17. (a) Removal (b) Date of removal 2-26-44
(By what authority or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Little Grove Cemetery, Carrollsville, Mo.

18. (a) Signature of funeral director Roman Had Co.

(b) Address Steele, Missouri Box 107

19. (a) 2-29-44 (b) Jarvis Blauwkamp
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26 th
year 1944 hour 7 minute 20 A. M.

21. I hereby certify that I attended the deceased from 2-19 1944 to 2-26 1944
that I last saw HER alive on 2-26 1944
and that death occurred on the date and hour stated above.

Immediate cause of death 1st & second degree burns of entire body

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 181-1

Major findings: Of operations _____

Of autopsy 15

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 2-19-44

(c) Where did injury occur? Steele, Pemscot Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home

While at work? _____ (Specify type of place)

Means of injury fell in tub & left foot

23. Signature D. C. Carlson (M. D. or other) M.D.

Address Kennett, Mo. Date signed 2-26-44

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

MOTHER FATHER

901

RECEIVED

District Health Office No. 2,

District File Number 344-394

Date Filed 3-3-44

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..... *John St German*.....
Licensed Embalmer No. 4355
P. O. Address, St. Louis, Missouri

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.