

No. 2  
-8-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27644**

**FILED SEP 8 1944**

Registration District No. **107**

Primary Registration District No. **3019**

Registrar's No. **103**

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, Kennett, Mo.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 days**  
Specify whether

In this community...  
years, months or days

3. (a) PRINT FULL NAME **OLLIE B. McTHERNEY**

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

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

6. (b) Name of husband or wife **Edward McTHERNEY** 6. (c) Age of husband or wife if alive **36** years

7. Birth date of deceased **January 12, 1908**  
(Month) (Day) (Year)

8. AGE: Years **19** Months **6** Days **29** If less than one day hr. min.

9. Birthplace **Linsford Ark**  
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business

12. Name **Earl Bandle**

13. Birthplace **Ark**  
(City, town, or county) (State or foreign country)

14. Maiden name **Attie Wooten**

15. Birthplace **D.K.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Ollie McTHERNEY**  
(b) Address **Day & Snc.**

17. (a) **Removal** (b) Date thereof **8-11-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. John's, Steel, Mo.**

18. (c) Signature of funeral director **Stacy, Mrs. BOKES**  
(b) Address **Steel, Mo. Box 151**

19. (a) **8-15-44** (b) **Julia Blankenship**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **11th**  
year **1944** hour **10** minute **00 A.** M.

21. I hereby certify that I attended the deceased from **8-8**, 1944, to **8-11**, 1944  
that I last saw h.ER alive on **8-11**, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death **Typhoid fever** Duration **3 weeks**

Due to

Due to

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

23. Signature **J. L. Tranel** (M. D. or other) **M.D.**

Address **Kennett, Mo.** Date signed **8-15-44**

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 944-1198

Date Filed 9-6-44

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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 H. German

Licensed Embalmer No. 4355

P. O. Address Steel, Mo Box

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.