S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34142

Registration District No. FILED OCT 19 1944

Primary Registration District No. 3019

Registrar's No. 118

35 2 2

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: 5th & Randall 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 35 2 2

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

(d) Street No. 5th & Randall (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME PATSY JEAN HOUSE

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex F 1

5. Color or race am. white

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife .....

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

7. Birth date of deceased March (Month) 14 (Day) 1944 (Year)

8. AGE: Years | Months 5 | Days 19 | If less than one day ..... hr. ..... min.

9. Birthplace Kennett (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation none

11. Industry or business none

FATHER
12. Name Gilbert M. HOUSE 1
13. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Mildred Conover
15. Birthplace Jonesboro (City, town, or county) Ark. 1 (State or foreign country)

16. (a) Informant Mildred C. House

(b) Address Kennett, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-3-44 (Month) (Day) (Year)

(c) Place: burial or cremation Hazel Cemetery

18. (a) Signature of funeral director Paul Salmon

(b) Address Kennett, Mo

19. (a) 9-7-44 (Date received local registrar) (b) Josie Blankenship (Registrar's signature)

701

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2 year 1944 hour 8 minute 10 A. M.

21. I hereby certify that I attended the deceased from August 3, 1944 ....., 19....., to September 2, 1944 that I last saw her alive on September 1, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Bacillary enterocolitis — Duration 4 mos

Due to Insanitary & improper feeding conditions

Due to .....

Other conditions ..... (Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

119 a 2

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury 2

23. Signature Allan H. Christiansen (M. D. or other) D.O.

Address Kennett, Missouri Date signed 9-3-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1044-1387
Date Filed 10-12-44

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 S. Salmon

Licensed Embalmer No. 2556-

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.