

Registration District No. **107**

Primary Registration District No. **3019**

Registrar's No. **37**

**1. PLACE OF DEATH:**

(a) County Dunklin

(b) City or town Kennett mo  
(If outside city or town limits, write "RURAL" and name of township)

(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.....  
(Specify whether

In this community.....  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State mo (b) County Dunklin

(c) City or town Kennett 211  
(If outside city or town limits, write "RURAL") 2

(d) Street No. 202 West 6th St.  
(If rural, give location) 2

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country.....

**3. (a) PRINT FULL NAME** Emily C. Tatum

3. (b) If veteran, name war.....

3. (c) Social Security No. ....

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month 3 day 20  
year 1945 hour 17 minute 30 a. M.

**21. I hereby certify that I attended the deceased from** Jan 15  
1945, to Feb 20 1945  
that I last saw her alive on March 18 1945  
and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased: Dec 2 1854  
(Month) (Day) (Year)

Immediate cause of death:  
Pneumonia Hypostatic 10 days

**8. AGE:** Years 90 Months 3 Days 18 If less than one day hr. min.

Due to Cerebral Hemorrhage 14 days

9. Birthplace Dont know Ala  
(City, town, or county) (State or foreign country)

Due to.....

10. Usual occupation House kept

Other conditions (Include pregnancy within 3 months of death)

**11. Industry or business**

**12. Name** Dont know

**13. Birthplace** Dont know Ala  
(City, town, or county) (State or foreign country)

**14. Maiden name** Dont know

**15. Birthplace** Dont know Ala  
(City, town, or county) (State or foreign country)

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

Major findings: of operations of autopsy

16. (a) Informant Jam Allison

(b) Address 202 W 6th St

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

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

(b) Date of occurrence.....

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-21-45  
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cem

(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)

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

(b) Address Kennett mo

While at work? (Specify type of place) (c) Means of injury

23. Signature George Allison DO (M.D. or Other)

Address Kennett mo Date signed 4-9-45

19. (a) 4-9-45 (Date received local registrar) (b) John Blankenship (Registrar's signature)

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

10 10 5

RECEIVED  
District Health Office No. 2  
District File Number 575 636  
Date Filed 5/7/45

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**