

**FILED JUN 12 1945**

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 mo**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Presnell Hospital 0**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **Three days**  
(Specify whether years, months or days) **Kennett mo**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Dunklin 35**  
(c) City or town **Kennett 2**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Rt # 1-**  
(If rural, give location)  
(e) Citizen of foreign country? **( )** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME

**Mable C. LORENE NELSON**

3. (b) If veteran, name war **No**

3. (c) Social Security No.

4. Sex **Female**

5. Color or race **White**

6. (a)  Single,  widowed, married,  divorced **no**

6. (b) Name of husband or wife

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

7. Birth date of deceased: **Nov 19 - 1926**  
(Month) (Day) (Year)

8. AGE: Years **18** Months **5** Days **17** If less than one day hr. min.

9. Birthplace **New Madrid County Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **House Work**

11. Industry or business

12. Name **Douglas Nelson**

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

14. Maiden name **Sara Leary**

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

16. (a) Informant **Douglas Nelson**

(b) Address **Kennett Mo Rt # 1**

17. (a) **Burial** (b) Date thereof **May 8 1945**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **ake Ridge**

18. (a) Signature of funeral director **W. F. Owen**

(b) Address **Harrisonville Mo**

19. (a) **5-8-45** (b) **Julia Blankenship**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **6**  
year **1945** hour **10** minute **45 PM**

21. I hereby certify that I attended the deceased from **5-3** 19**45** to **5-6** 19**45**  
that I last saw **her** alive on **5-6** 19**45**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Severe Sepsis**  
**Sepsis**

Due to **first, second & third degree burns of entire body**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **18/1**

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 **5-3-45**  
(c) Where did injury occur? **Kennett Dunklin Mo.**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Home**

(Specify type of place) While at work? **Yes - Home**  
(e) Means of injury **burned by fire**

23. Signature **J. H. Presnell** (M. D. or other) **M.D.**  
Address **Kennett Mo** Date signed **5-8-45**

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2

District File Number 645-792

Date Filed 6-6-45

SEP 25 1945

**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.**