

FILED NOV 6 1945
Registration District No. 107

Primary Registration District No. 3019

State File No. _____
Registrar's No. 23

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

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:
102 So. Main St.
(If not in hospital or institution, write street number or location)

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

In this community 47 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Dunklin

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

(d) Street No. 102 So. Main St.
(If rural, give location)

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

3. (a) PRINT FULL NAME THOMAS EDGAR McPHERSON

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male

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 _____ years

7. Birth date of deceased Oct 6 1872
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3
year 1945 hour 10 minute 20 M.

21. I hereby certify that I attended the deceased from 10-3-45
_____ 19____ to 10-3-45 19____
that I last saw him alive on 10-3-45 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatation

8. AGE: Years 73 Months 11 Days 27
If less than one day _____ hr. _____ min.

Due to _____

Due to _____

9. Birthplace Belton MO
(City, town, or county) (State or foreign country)

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

10. Usual occupation Druggist

Major findings: _____
Of operations _____

11. Industry or business Drug Store

12. Name Edgar McPherson

13. Birthplace Belton MO
(City, town, or county) (State or foreign country)

Of autopsy 950

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

14. Maiden name Mary Allie Keenly

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

(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? _____

16. (a) Informant Louann Lewis

(b) Address Belton MO

17. (a) Buried (b) Date thereof 10-7-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cem

While at work? _____ (Specify type of place)

(c) Means of injury _____

18. (a) Signature of funeral director Leah Lind Co

(b) Address Kennett MO

19. (a) 10-6-1945 (b) Cash Husband
(Date received local registrar) (Registrar's signature)

23. Signature D. T. Dempsey (M. D. or other) _____
Address Kennett MO Date signed 10-4-45

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

PHYSICIAN Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 1145-3185

Date Filed 11-2-45

NOV 8 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 Walter A. Haworth

Licensed Embalmer No. 2002

P. O. Address Hennett Ave

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.