

FILED MAR 8 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 83

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:
Prinell Hospital
(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)

3. (a) PRINT FULL NAME DARRELL H. Sup.

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

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

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

7. Birth date of deceased. 2 (Month) 26 (Day) 1946 (Year)

8. AGE: Years Months Days If less than one day
11 hr. — min.

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

10. Usual occupation Clergy

11. Industry or business

MOTHER FATHER { 12. Name Dobbie Lee Alsop 13. Birthplace Dunklin (City, town, or county) (State or foreign country)
14. Maiden name Margaret Young 15. Birthplace Kennett (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Dobbie Alsop

(b) Address Kennett, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-46 (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director Smith and Co

(b) Address Kennett, Mo.

19. (a) 2-28-46 (Date received local registrar) (b) Garfield (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Dunklin
(c) City or town Kennett, Mo. (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 2 day 27
year 1946 hour 2 minute 45 M.

21. I hereby certify that I attended the deceased from 2-26 1946 to 2-27 1946

that I last saw him alive on 2-27 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 159

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 G. E. Wilson (M. D. or other) M.D.

Address Kennett, Mo. Date signed 2-28-46

RECEIVED

District Health Office No. 2,

District File Number 346-319

Date Filed 3/6/46

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.