

S. No. 2
9-4-41
5-17-39
X2948

FILED MAR 8 1946
Registration District No. **107**

Primary Registration District No. **3019**

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: Prisnell 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 Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin **35**

(c) City or town Kennett **21**
(If outside city or town limits, write "RURAL")

(d) Street No. 216 Stier **0**
(If rural, give location)

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

3. (a) PRINT FULL NAME Jimmy Wayne Oakes

3. (b) If veteran, name war _____

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 23
year 1946 hour 5 minute 0 P. M.

21. I hereby certify that I attended the deceased from 2-18-46 1946 to 2-23 1946
that I last saw him alive on 2-23 1946
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W

6. (a) Single, widowed, married, divorced 1

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

7. Birth date of deceased: April 22 1945
(Month) (Day) (Year)

Immediate cause of death Empyema

Due to Polar Pneumonia

Due to _____

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

8. AGE:

Years	Months	Days	If less than one day
	<u>10</u>	<u>1</u>	hr. _____ min. _____

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

Major findings:
Of operations _____

Of autopsy 106

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

10. Usual occupation L

11. Industry or business _____

MOTHER FATHER

12. Name Willis Oakes

13. Birthplace Holecomb Mo
(City, town, or county) (State or foreign country)

14. Maiden name Kathryn Arnold

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

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? 1

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

16. (a) Informant Willis Oakes

(b) Address 216 Stier St

17. (a) Burial (b) Date thereof 2-24-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stanfield Camp

18. (a) Signature of funeral director Carl Hubert

(b) Address Kennett Mo

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

23. Signature Elmer Nelson (M. D. or other) MD

Address Kennett Mo Date signed 2-28-46

RECEIVED

District Health Office No. 2,

District File Number 346-32

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.