

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 127

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Kennett Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 Franklin
(c) City or town Kennett
(If outside city or town limits, write "RURAL")
(d) Street No. 620 - Maple St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
year 1946 hour 12 minute 15 A.M.
21. I hereby certify that I attended the deceased from MAY
1945 to May 17, 1946
that I last saw him alive on May 16, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Cholecystitis
Intestinal infarction
Due to _____
Due to _____

Duration

Other conditions (Include pregnancy within 3 months of death)
Major findings: 1318
Of operations _____
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)
(c) Means of injury _____
23. Signature D. T. Dempsey (M. D. or other)
Address Kennett Mo Date signed 5-18-46

3. (a) PRINT FULL NAME EMMALINA HAWKINS

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

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

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

7. Birth date of deceased: Aug 21 1870
(Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 8 hr. _____ min. _____
If less than one day

9. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name Jervis Blackley

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

14. Maiden name Lillian Abbott

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

16. (a) Informant Jess Hawkins

(b) Address Kennett Mo R2

17. (a) Burial (b) Date thereof 5-19-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge

18. (a) Signature of funeral director W. T. Egan

(b) Address Jonesboro Arkansas
19. (a) 5-18-1946 (b) Carl J. Hubbard
(Date received local Registrar) (Registrar's signature)

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

5
2
2

RECEIVED

District Health Office No. 2,

District File Number 646-689

Date Filed 6-5-46

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.