

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: Premell 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

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. 406 Clipper St  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Baby Jinxer (no name)  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 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 May 11 1946  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_  
 11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name Russell Jinxer  
 13. Birthplace Williamsville MO  
(City, town or county) (State or foreign country)  
 14. Maiden name Melba Jones  
 15. Birthplace Kennett MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Russell Jinxer  
 (b) Address 406 Clipper Kennett MO  
 17. (a) Burial (b) Date thereof 5-13-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Doss Ridge Cem

18. (a) Signature of funeral director Jinx and Co  
 (b) Address Kennett MO  
 19. (a) 5-13-1946 (b) Carl Husband  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 12  
 year 1946 hour 6 minute 55 a M.  
 21. I hereby certify that I attended the deceased from 5-11 1946 to 5-12 1946  
 that I last saw her alive on 5-12 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Premature infant 5-6 months  
 Duration \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions 19  
(Include pregnancy within 3 months of death)

Major findings: 10  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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 0  
 23. Signature J. C. Wilson (M. D. \_\_\_\_\_)  
 Address Kennett MO Date signed 5-13-46

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

RECEIVED

District Health Office No. 2,

District File Number 646-688

Date Filed 6-5-46

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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.**