

No. 5-43
5-17-39
I X36571

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 144

1. PLACE OF DEATH:

(a) County: DeKalb
(b) City or town: Kennett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Kennett Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 days (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: New Madrid
(c) City or town: Gideon
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) _____
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME Mary Myrtina Rose

3. (b) If veteran, name war: _____ 3. (c) Social Security No. None

4. Sex: Female 5. Color or race: White 6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: J. C. Rose 6. (c) Age of husband or wife if alive: 64 years
7. Birth date of deceased: February 26 1889
(Month) (Day) (Year)

8. AGE: Years 57 Months 4 Days 5 If less than one day hr. _____ min. _____

9. Birthplace: Pointers Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: _____

12. Name: George Glasgow

13. Birthplace: Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name: unknown

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

16. (a) Informant: Mrs. Bond Nipper

(b) Address: Clarkton, Missouri

17. (a) Burial (b) Date thereof: 7-3-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Gregory

18. (a) Signature of funeral director: Landis Funeral Home

(b) Address: Campbell, Missouri

19. (a) 7-6-1946 (b) Earl Bushard
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1
year 1946 hour _____ minute 7:00 p. M.

21. I hereby certify that I attended the deceased from 6-28-46, 19____, to 7-1-46, 19____;
that I last saw her alive on 7-1-46, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Fractured skull frontal compressed, fractured skull base, intracranial hemorrhage severe.
Due to _____
Due to _____

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

Major findings: _____
Of operations: _____
Of autopsy: _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): accident 35
(b) Date of occurrence: June 28, 1946
(c) Where did injury occur? Gideon, Missouri
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public road

While at work? Yes (Specify type of place) _____
(e) Means of injury: Auto wreck

23. Signature: E. J. Presnell (M. D. or other) M.D.
Address: Kennett, Date signed: 7-5-46

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 746-885

Date Filed 7-22-86

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 Christina M Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, Mo

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Aug
Registrar's No. 1470

Registration District No. 107 Primary Registration District No. 3019

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Kennett
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (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 _____

3. (a) PRINT FULL NAME Mary M. Rose
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month _____ Day _____ Year 1946 Hour _____ Minute _____ M. _____
21. I hereby certify that I attended the deceased from _____ to _____, 19____, that I last saw him/her _____ alive on _____, 19____, and that death occurred on the date and hour stated above. Immediate cause of death _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Feb 26 (Month) (Day) (Year)
8. AGE: Years 57 Months _____ Days _____ If less than one day: hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Registrar's signature)
(Date received local registrar)

Due to _____

Due to _____

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

Major findings: _____ Of operations _____

Of autopsy _____

22. If death was due to external cause, give in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Gr 38-46
(c) Where did injury occur? Delaware, Dunklin Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public road (Specify type of place)

While at work? _____ Means of injury Car run

23. Signature W. P. Kennel (M. D. or other) MD
Address Kennett, Mo Date signed 8-3-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

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

22053

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