

No. 2
-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 4 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36562**

Registration District No. **107**

Primary Registration District No. **2019**

Registrar's No. **203**

1. PLACE OF DEATH:

(a) County **Dunklin**

(b) City or town **Kennett Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Presnell Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **20 hrs.**
(Specify whether)

In this community **20 Hrs**
years, months or days

3. (a) PRINT FULL NAME **Connie Lutes**

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **S**

6. (b) Name of husband or wife

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

7. Birth date of deceased **Nov. 4th 1946**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

1 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 **Everett J. Lutes**

13. Birthplace **Pacos County Texas**
(City, town, or county) (State or foreign country)

14. Maiden name **Edna Counts**

15. Birthplace **Panton Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Everett J. Lutes**

(b) Address **Kennett Mo. Gen. Del.**

17. (a) **Burial** (b) Date thereof **11-5-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hazel Cemetery**

18. (a) Signature of funeral director **Lentz Service**

(b) Address **Kennett Mo.**

19. (a) **11-12-1946** (b) **Earl Hubbard**
(Date received local registrar) (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 **Nov.** day **5th** 4th hour **6** minute **45 P.** M.

21. I hereby certify that I attended the deceased from **11-4**, 19**46**, to **11-4**, 19**46**

that I last saw him **alive** on **11-4**, 19**46** and that death occurred on the date and hour stated above.

Immediate cause of death **Respiratory failure**

Due to **Pneumonia**

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **159**

Of autopsy _____

Duration

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 **Gle Hansen** (M. D. or other) **MD**

Address **Kennett Mo.** Date signed **11-11-46**

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

35284

711

RECEIVED

District Health Office No. 2,

District File Number 1146-138

Date Filed 11-29-46

STATEMENT BY LICENSED EMBALMER

not Embalmed

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 *Edgar Lee Ford*

Licensed Embalmer No. 4433

P. O. Address *Kennett 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.