

S. No. 2
M-5-43
v. 5-17-39
v. 1 X36871

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39761**

FILED DEC 19 1946

3007

389

Registration District No. **3** Primary Registration District No. **3007** Registrar's No. **389**

1. PLACE OF DEATH

(a) County **Butler**

(b) City or town **Poplar Bluff**
(If outside city or town limits, write "RURAL" and name of township)

(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Butler 12**

(c) City or town **Poplar Bluff 7**
(If outside city or town limits, write "RURAL")

(d) Street No. **1305 Benton St. 3**
(If rural, give location)

(e) Citizen of foreign country? **✓** (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **Dannie Roy Kenney**

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

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

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

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

7. Birth date of deceased **11 30 1946**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **30th**
year **46** hour **10** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **8:30 P.M. 30 Nov.** 19 **46** to **10:30 P.M. 29 46**
that I last saw him alive on **30 Nov.** 19 **46**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
hr. **9** min. **0**

Immediate cause of death **Exsanguination**

Due to **Torn cord. Cord was not tied.**

Due to **Fall at birth.**

9. Birthplace **Poplar Bluff, Mo**
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Amil A. Post M.D.

10. Usual occupation _____

Major findings: **Operations**

11. Industry or business _____

12. Name **Roy Kenney**

13. Birthplace **Poplar Bluff Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Annie May Washington**

15. Birthplace **Memphis Tenn.**
(City, town, or county) (State or foreign country)

Of autopsy **160**

Underline the cause to which death should be charged statistically.

16. (a) Informant **Roy Kenney**

(b) Address **1305 Benton St. Poplar Bluff**

17. (a) **Burial** (b) Date thereof **12-2-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **30 Nov. 46**

(c) Where did injury occur? **Poplar Bluff, Butler Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home.

(c) Place: burial or cremation **Poplar Bluff**

18. (a) Signature of funeral director **Richard Prober**

(b) Address **12-2-46**

19. (a) **12-2-46** (b) **R.W. Nevels**
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **Amil A. Post M.D.** (Date or other) **12-2-46**

Address **Poplar Bluff, Mo.** Date signed **2 Dec 46**

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

3

385

35

RECEIVED

District Health Office No. 2,

District File Number 1246-1450

Date Filed 12-12-46

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.....

Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address 104 Pitty St. S. Keaton,

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.