

No. 2  
5-17-39  
I X36671

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 192

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:  
608 So. Main St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 27 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin 35

(c) City or town Kennett 2  
(If outside city or town limits, write "RURAL")

(d) Street No. 608 So. Main St. 2  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Jimmie Cowart

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 220

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

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

7. Birth date of deceased Aug 28 - 1868  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17  
year 1946 hour 3 minute 45 M.

21. I hereby certify that I attended the deceased from 15 April  
1946 to 17 Oct 1946  
that I last saw h. 7:55 alive on 16 Oct 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Perry County Tenn  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

Immediate cause of death Myocardial Infarction Duration \_\_\_\_\_

Due to Cerebral hemorrhage with Paralysis

Due to Coronary Arteriosclerosis with Paralyzed Arteries

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Jayus McCollum

13. Birthplace Perry County Tenn  
(City, town, or county) (State or foreign country)

14. Maiden name Marley DePrest

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

16. (a) Informant Mrs. John Watson  
(b) Address 608 So. Main St.

17. (a) Burial (b) Date thereof 10-18-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge

18. (a) Signature of funeral director Wm. E. ...  
(b) Address Kennett Mo

19. (a) 10-21-46 (b) Carl Husband  
(Date received local registrar) (Registrar's signature)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy No 131A

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)

Means of injury \_\_\_\_\_

23. Signature James B. Coffey (M. D. or other) \_\_\_\_\_  
Address Kennett Mo Date signed 21 Oct 46

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Office No. 2,

District File Number 1246-1477

Date Filed 12-20-46

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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 Walter A. Hawker

Licensed Embalmer No. 2002

P. O. Address Pen netts

**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.