

No. 2
5-17-39
I X38671

FILED DEC 19 1946
Registration District No. 100

Primary Registration District No. 30795422

State File No. _____
Registrar's No. 212

1. PLACE OF DEATH:

(a) County Dunklin

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

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

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

In this community About 6 mos.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Dunklin 35

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

(d) Street No. 709 Kennett St.
(If rural, give location) 2

(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME William H. Mooneyhan

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 1
year 1946 hour About 8 minute 0 M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw h_____ alive on _____ 19____
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Alma Mooneyhan

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Nov 6 1898
(Month) (Day) (Year)

Immediate cause of death _____

Due to Coronary Occlusions

Due to Alcoholism

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

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>		<u>28</u>	hr. _____ min. _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Carpenter Laborer

11. Industry or business _____

MOTHER FATHER

12. Name George W. Mooneyhan

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

14. Maiden name Savannah Medley

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

Major findings: 94A

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 3

16. (a) Informant Mrs. James Baker

(b) Address Rural # 2 Kennett MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-6-1946
(Month) (Day) (Year)

(c) Place: burial or cremation W. of Hill 710

18. (a) Signature of funeral director Leitz Und. Co.

(b) Address Kennett MO

19. (a) 12-6-1946 (Date received local registrar) (b) Carl Husband (Registrar's signature)

23. Signature Walter A. Humphreys

Address Kennett MO Date signed 12-6-46

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

38930

90

RECEIVED

District Health Office No. 2

District File Number 1246-143

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 Walter A. Heubert

Licensed Embalmer No. 2002

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.