

S. No. 2
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v. 5-17-39
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8485

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 7 1947

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 161

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

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: 1

(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 Dunklin³⁵

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

(d) Street No. 827 College St.³
(If rural, give location)

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

3. (a) PRINT FULL NAME OLA LAVADA HURN

3. (b) If veteran, name war no

3. (c) Social Security No. no

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

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

7. Birth date of deceased: Oct 11 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>6</u>	<u>9</u>	hr. _____ min. _____

9. Birthplace Kennett Mo Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Housewife

11. Industry or business _____

12. Name Oliver Rose

13. Birthplace Kennett Mo Ill
(City, town, or county) (State or foreign country)

14. Maiden name Suzanne McKee

15. Birthplace Kennett Mo Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Earl Hurn

(b) Address 823 College Kennett Mo

17. (a) _____ (b) Date thereof 3/23-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge

18. (a) Signature of funeral director W. T. Emms

(b) Address Juniata Ark

19. (a) 3-28-47 (b) Earl Hurn
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 29
year 1947 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from March 20 to March 20, 1947
that I last saw her alive on March 20, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Heart compensated Duration 4 yrs

Due to _____

Due to _____

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

Major findings:
Of operations 950

Of autopsy _____

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) no

(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 Paul Baldwin (M. D. or other) MD

Address Kennett Mo Date signed 3-21-47

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RECEIVED

District Health Office No. 2,

District File Number 447-472

Date Filed 4-3-47

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.....

Licensed Embalmer No.....

P. O. Address.....

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.