

No. 2  
-12-45  
5-17-39  
I X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9425  
Registrar's No. 1011

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Harrison City  
(c) Name of hospital or institution: 1433 Broadway Felling Station  
(d) Length of stay: In hospital or institution 3  
In this community unknown

2. USUAL RESIDENCE OF DECEASED:  
(a) State Michigan (b) County 999  
(c) City or town Detroit Michigan 20  
(d) Street No. 19684 Keating Dr. To Michigan 0  
(e) Citizen of foreign country? no (Yes or No) 2

3. (a) PRINT FULL NAME Peter F. Stennett  
3. (b) If veteran, name war none  
3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 4  
year 1947 hour 10 minute 30 A.M.

4. Male  5. Color or White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Hazel Stennett  
6. (c) Age of husband or wife if alive 46 years  
7. Birth date of deceased Jan 24 1904

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

8. AGE: Years 43 Months 1 Days 10  
If less than one day hr. min.

Immediate cause of death  
Coronary Artery Disease  
Due to

9. Birthplace Joplin Mo

Due to 178 B  
Other conditions:  
(Include pregnancy within 3 months of death)  
Blood sent to pathology +  
Major findings:  
Of operations found 90% C.O.

10. Usual occupation Truck Driver

PHYSICIAN  
Underline the cause to which death should be charged statistically.

11. Industry or business Self

12. Name A. F. Stennett  
13. Birthplace Ill.

14. Maiden name Nancy Redden  
15. Birthplace Mo.

16. (a) Informant Earl Stennett  
(b) Address 2503 Tylust Joplin Mo

17. (a) Removal (b) Date thereof March 8 47  
(c) Place: burial or cremation Joplin Mo

18. (a) Signature of funeral director Parantoni's Bus  
(b) Address 1K C Mo

19. (a) 3-5-47 (b) Geraldine Holmes

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) accident 1213  
(b) Date of occurrence 3-5-47  
(c) Where did injury occur? 100. Jackson Mo  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? yes public place  
(e) Means of injury Auto C.O.

23. Signature [Signature] (M. D. or other) 3  
Address 1424 [Address] Date signed 3-5-47

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

MOTHER FATHER

**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.....

*Francis Walter*

Licensed Embalmer No.....

*2744*

P. O. Address.....

*15 C 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.**