

FILED MAY 8 1947

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 173

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: County Home 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin 35

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

(d) Street No. 7 (If rural, give location) _____

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

3. (a) PRINT FULL NAME CHARLIE FORD

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

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: Mar 17 1867
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 31 year 1947 hour 7 minute _____ A. M.

21. I hereby certify that I attended the deceased from 6 March 1947 to 31 March 1947 that I last saw him alive on March 30 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Heart Disease 2 year

Duration _____

8. AGE: Years 80 Months 0 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace unknown (City, town, or county) _____ (State or foreign country) _____

10. Usual occupation Retail Dry Labor

11. Industry or business _____

12. Name unknown

13. Birthplace unknown (City, town, or county) _____ (State or foreign country) _____

14. Maiden name unknown

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

16. (a) Informant Bedia Bennett

(b) Address Hammersville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-1-1947 (Month) (Day) (Year)

(c) Place: burial or cremation Hammersville church

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

(b) Address Hammersville Mo

19. (a) 4-20-1947 (Date received local registrar) (b) Earl H. Hays (Registrar's signature)

Due to _____

Due to _____

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

Major findings: Of operations AMP

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) _____

(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 Quintoy Taves (M. D. or other) MD

Address Kennett, Mo Date signed 4-15-47

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

RECEIVED

District Health Office No. 2,

District File Number 547-636

Date Filed 5-5-47

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.