

V. S. No. 2
 00M-5-43
 Rev. 5-17-39
 I X36671

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED MAY 21 1947

UNITED STATES BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17002
 Registrar's No. 786

Registration District No. 107 Primary Registration District No. 3019

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: Jennett Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 3 years
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. 907 E 7th St 2
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Julia F. Nevill
 3. (b) If veteran, name war _____ 3. (c) Social Security No. 491-30-7243

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 14
 year 1947 hour 5 minute 40 A.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Wayne Nevill 6. (c) Age of husband or wife if alive 35 years
 7. Birth date of deceased March 4 1917
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5-5, 1947, to 5-14, 1947
 that I last saw h. ER alive on 5-14, 1947
 and that death occurred on the date and hour stated above.

8. AGE: 30 Years 2 Months 10 Days If less than one day _____ hr. _____ min.

Immediate cause of death Ruptured Appendix peritonitis
 Due to Cholera
 Due to _____

9. Birthplace Poland Ark
(City, town, or county) (State or foreign country)

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

10. Usual occupation Housewife

Major findings: 121
 Of operations _____
 Of autopsy _____

11. Industry or business _____
 12. Name George Mann
 13. Birthplace Kennett Mo
(City, town, or county) (State or foreign country)
 14. Maiden name Iva Larist
 15. Birthplace Poland Ark
(City, town, or county) (State or foreign country)

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 0

16. (a) Informant Wayne Nevill
 (b) Address Kennett 7710
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-1947
(Month) (Day) (Year)
 (c) Place: burial or cremation Oak Ridge Cem

23. Signature J. F. Truesell (M. D. or other) 0
 Address Kennett Mo Date signed 5-16-47

18. (a) Signature of funeral director Frank Howard
 (b) Address Kennett Mo
 19. (a) 5-16-47 (Data received local registrar) (b) Carl Anderson (Registrar's signature) 60

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 547-731

Date Filed 5-19-47

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

Edgar Lee Ford

Licensed Embalmer No. ~~4433~~ 4433

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.