

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED SEP 25 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30834

State File No. \_\_\_\_\_

Registration District No. 107

Primary Registration District No. 3014

Registrar's No. 228

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: Fremont 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 \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Dunklin 35  
(c) City or town Dunklin  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural #1  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Barbara Sue Everett

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

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

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

7. Birth date of deceased Sept. 2 - 1947  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 5 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name F. D. Everett

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

14. Maiden name Mildred Sue Hance

15. Birthplace Conway, Ark.  
(City, town, or county) (State or foreign country)

16. (a) Informant F. D. Everett

(b) Address Kennett R# 1140

17. (a) Burial (b) Date thereof 9-15-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Our Lady of the Lake

18. (a) Signature of funeral director Leo J. [unclear]

(b) Address Kennett Mo.

19. (a) 9-16-47 (b) Carl Thompson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13  
year 1947 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept. 10 1947 to Sept. 13 1947.  
that I last saw her alive on Sept. 13 1947.  
and that death occurred on the date and hour stated above.

Immediate cause of death: Intracranial Hemorrhage.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 160A  
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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature: George W. [unclear] (M. D. or other) MD

Address: Kennett Mo Date signed Sept. 16, 1947

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

RECEIVED

District Health Office No. 2,

District File Number 947-1250

Date Filed 9-19-47

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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.**