No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34131

FILED NOV 5 1947

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 245

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennett Indpendence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Presnell Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution dead when arived (Specify whether years, months or days)
In this community Four months

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin 35

(c) City or town Senath 4
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Fernalee Hindmon

3. (b) If veteran, name war

3. (c) Social Security No. —

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced D

6. (b) Name of husband or wife

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

7. Birth date of deceased 7 (Month) 11 (Day) 1947 (Year)

8. AGE: Years | Months 3 | Days 18 | If less than one day hr. min.

9. Birthplace Senath (City, town, or county) Dunklin Mo (State or foreign country) O

10. Usual occupation

11. Industry or business

FATHER
12. Name James William Hindmon
13. Birthplace Hardin County (City, town, or county) Tenn (State or foreign country) 1

MOTHER
14. Maiden name Bertha Mae Jackson
15. Birthplace Kennett (City, town, or county) Mo (State or foreign country) O

16. (a) Informant James Hindmon
(b) Address Senath Mo. Rt. 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-30-47 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Ridge Cemetery

18. (a) Signature of funeral director Lentz Service
(b) Address Kennett Mo

19. (a) 10-29-1947 (Date received local registrar) (b) Earl Hustand (Registrar's signature) 40

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 29 year 1947 hour Six minute 30 A.M.

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

Immediate cause of death Spaticus Lymphaticus — *Duration*

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 10

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

23. Signature Walter Hudson Coroner 3
Address Kennett Mo Date signed 10-29-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1147-1413
Date Filed 11-30-47

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.