-1/47
-17-39

National Office of Vital Statistics

# STATE OF MISSOURI — DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 37593

FILED DEC 3 1947

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 254

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: None
(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: 15 yrs

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") 2
(d) Street No.: 716 A Elm Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: U

3. (a) PRINT FULL NAME: Albert Passmoore
3. (b) If veteran, name war: None
3. (c) Social Security No.: None

4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Nancy Passmoore
6. (c) Age of husband or wife if alive: 55 years
7. Birth date of deceased: Aug (Month) 16 (Day) 1877 (Year)

8. AGE: Years 70 | Months 3 | Days 6 | If less than one day ..... hr. ..... min.

9. Birthplace: Little Rock (City, town, or county) Ark (State or foreign country)
10. Usual occupation: Common Laborer
11. Industry or business:
FATHER
12. Name: J. A. Passmoore
13. Birthplace: Unknown (City, town, or county) Okla. (State or foreign country)
MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Nancy Passmoore
(b) Address: 716 A Elm St
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof: 11-24-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Lot 7 Burial
18. (a) Signature of funeral director: Earl Hufford
(b) Address: Kennett Mo.
19. (a) 11-27-47 (Date received local registrar) (b) Earl Hufford (Registrar's signature) 90

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 22 year 1947 hour 10:00 minute P M.
21. I hereby certify that I attended the deceased from ....., 19..., to 11-22, 1947 that I last saw him alive on 11-22, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Interstitial Nephritis

Due to: .....

Due to: .....

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

Major findings:
Of operations: 3 P
Of autopsy: .....

Duration

PHYSICIAN — Underline the cause of 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: 0

23. Signature: D. T. Dempsey (M. D. or other)
Address: Kennett Mo. Date signed: 11-23-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No. 2
District File Number 247-15
Date Filed 12-1-41

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 Fowler

Licensed Embalmer No. 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.**