

Registration District No. 107

Primary Registration District No. 3014

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: Presnell
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: 2 hours
 In hospital or institution (Specify whether)
 In this community 2 hours
 years, months or days

3. (a) PRINT FULL NAME Diana Kaye Patton
 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 Single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 6 - 8 - 1947
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 7 7 _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business None

12. Name Oscar Patton
 13. Birthplace Paragould, Ark
 (City, town, or county) (State or foreign country)
 14. Maiden name Margaret McCain
 15. Birthplace Ark
 (City, town, or county) (State or foreign country)

16. (a) Informant Oscar Patton
 (b) Address Kennett, Mo

17. (a) Burial (b) Date thereof 1-16-1948
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Ridge Cemetery

18. (a) Signature of funeral director Wesley F. Lemonds
 (b) Address Kennett, Mo

19. (a) 1-18-1948 (b) Carl H. Hunsbarger
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin
 (c) City or town Kennett
 (If outside city or town limits, write "RURAL")
 (d) Street No. 704 North Walnut
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15th
 year 1948 hour 10:45 minute a. M.
 21. I hereby certify that I attended the deceased from January 14th
 to January 15th 1948
 that I last saw her alive on January 14th 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia and gastro-
enteritis of unknown
 Due to Origin - Probably Venustype

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

Major findings:
 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) _____

23. Signature John H. Christiansen (M. D. or other)
 Address 603 First St. Kennett Date signed 1-16-48
no

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

RECEIVED

District Health Office No. 2,

District File Number 48-153

Date Filed 1-26-48

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 Wm. F. Lemonds

Licensed Embalmer No. 4457

P. O. Address Kennett -

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.