

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

FEDERAL BUREAU OF STATISTICS
National Office of Vital Statistics
FILED MAR 1 1948
Registration District No. 27

STANDARD CERTIFICATE OF DEATH

State File No. 4436
Registrar's No. 27

Primary Registration District No. 5422

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Kennett (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number, or location)
(d) Length of stay: In hospital or institution.....
In this community 6 Months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Dunklin 35
(c) City or town Kennett Mo. (rural) # 1
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Ora Jane Lair
3. (b) If veteran, name war X
3. (c) Social Security No. X

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced X
6. (b) Name of husband or wife X
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Aug. 22nd 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
5 24hr.min.

9. Birthplace Kennett Rt. 1 Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name Estel Ruben Lair

13. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Pauline Izora Saltee

15. Birthplace Kennett Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Estel Ruben Lair
(b) Address Kennett Mo. Rt. 1

17. (a) Burial (b) Date thereof 2-17-48
(Burial, cremation, or removal) (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) 2-16-1947 (b) Earl Husband
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 16th
year 1948 hour 9:00 minute 45 A.M.

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

Immediate cause of death.....
Third degree Burns

Due to Burning of Home
Due to.....

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

Major findings:
Of operations.....
Of autopsy.....
180-1

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) Accident 35

(b) Date of occurrence Feb. 16th, 1948

(c) Where did injury occur Kennett Rt. 1 Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? At Home
While at work? (Specify type of place) Burned 3
(M. D. or other) Means of injury

23. Signatur Walter H. Jackson (M. D. or other) Coroner

Address Kennett Mo. Date signed 2-16-48

RECEIVED

District Health Office N

District File Number 2420

Date Filed 2-25

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.