

National Office of Vital Statistics  
**FILED FEB 17 1948/49**  
Registration District No. ....

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**

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

(c) Name of hospital or institution: **The Central Mo. Hosp. Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **7 days** (Specify whether years, months or days)

In this community **7 days**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Johnson**

(c) City or town **Centerville**  
(If outside city or town limits, write "RURAL")

(d) Street No. **R.R. # 2**  
(If rural, give location)

(e) Citizen of foreign country? **no.** (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME **Dorothy Jean Veach**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

4. Sex **F**

5. Color or race **W**

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 **Jan 9 1948**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
		<b>22</b>	hr. min.

9. Birthplace **Johnson Co. Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **2nd part**

11. Industry or business.....

12. Name **Luther Veach**

13. Birthplace **Johnson Co. Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Opal Jennings**

15. Birthplace **Platte Co. Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Father Luther Veach**

(b) Address **Centerville Mo**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **1-2-48**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Centerville Mo**

18. (a) Signature of funeral director **Wm. J. Phillips**

(b) Address **Warrensburg Mo**

19. (a) **1-1-48** (Date received local registrar)

(b) **Stedline Holmer** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: **JANUARY 31**  
Month **February** Day **31**  
year **1948** hour..... minute **9 P.** M.

21. I hereby certify that I attended the deceased from **Jan. 25** 1948 to **Jan. 31** 1948  
that I last saw h. e. r. alive on **Jan. 24 31** 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
**Pneumonia Bronchial**  
+  
Due to **Peritonitis**

Due to **Intestinal Obstruction (small)**

Other conditions.....  
(Include pregnancy within 3 months of death) **157g**

Major findings:  
Of operations **Pneumonia bronchial**  
**Intestinal Obstruction (small)**  
Of autopsies **Peritonitis**

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.....

23. Signature **H. M. Kelly** (M. D. or other).....  
Address **1624 Prof Rd** Date signed **1-31-48**

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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.**