

No. 2
5-43
5-17-39
X36671

State File No. _____
Registrar's No. 35

FILED MAR 31 1948

Registration District No. _____

Primary Registration District No. 5422

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: Old Folks Home
(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 _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo.

(b) County Dunklin 35

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

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

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

If yes, name country _____

3. (a) PRINT FULL NAME Henry Lee Moore

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M

5. Color or race W

6. (a) ~~Single~~, widowed, ~~married~~, divorced Widowed

6. (b) Name of husband or wife _____

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

7. Birth date of deceased May 1 1851
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	96	9	24	hr. min.

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

10. Usual occupation Justice of Peace

11. Industry or business _____

12. Name unknown

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

14. Maiden name unknown

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant E. E. Drope

(b) Address Kennett, Mo.

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

(b) Date thereof Feb. 26, 1948
(Month) (Day) (Year)

(c) Place: burial or cremation Stanfield Cemetery

18. (a) Signature of funeral director A. J. Emerson

(b) Address Paragould, Arkansas

19. (a) 3-22-1948
(Date received local registrar)

(b) Emil Husband
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 24
year 1948 hour 6:15 minute _____ p. M.

21. I hereby certify that I attended the deceased from _____, 19____, to Feb 24, 1948
and that death occurred on the date and hour stated above.

that I last saw him alive on Feb 13, 1948

Immediate cause of death Bronchial Pneumonia

Due to Chronic structural nephritis

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

131A

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

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? _____

While at work? _____
(Specify type of place)

(e) Means of injury _____

23. Signature A. J. Emerson (M. D. or other) _____

Address Kennett, Mo. Date signed 2-22-48

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Office No. 2,

District File Number 341-401

Date Filed 3-29-41

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.....

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.