FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15880

FILED JUN 5 1948

Registration District No. 207 | Primary Registration District No. 3019 | Registrar's No. 33

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: 216 Central (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: Life

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. 216 Central St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Dorthia Malone
3. (b) If veteran, name war:
3. (c) Social Security No.: None
4. Sex: Fem
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: Oct (Month) 15 (Day) 1884 (Year)
8. AGE: Years 63 | Months 7 | Days 10 | If less than one day ..... hr. ..... min.
9. Birthplace: Dunklin Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: House Keeper
11. Industry or business:
FATHER
12. Name: Dan Gipson
13. Birthplace: Unknown (City, town, or county) Tenn. (State or foreign country)
MOTHER
14. Maiden name: Hettie Ann Anderson
15. Birthplace: Unknown (City, town, or county) Tenn. (State or foreign country)
16. (a) Informant: Gladys Land
(b) Address: Kennett R. 2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-26-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Sugar Creek
18. (a) Signature of funeral director: Lon F. Lirvine
(b) Address: Kennett, Mo.
19. (a) 5-25-1948 (Date received local registrar) (b) Earl Hughes (Registrar's signature) 90

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 25 year 1948 hour 10 minute 30 P.M.
21. I hereby certify that I attended the deceased from August 1, 1947, to May 24, 1948, that I last saw he alive on May 23, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of liver	1 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: None
Of autopsy:

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
23. Signature: Chester R. Peck (M. D. or other) MD
Address: 115 St. Francis Date signed: Kennett Mo. May 25 1948

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 548-2
Date Filed 5-29-48

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 Edgar Lee Farrell

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.

S. No. 2B
M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. June

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 55

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:

(If not in hospital or institution, write street number or location)

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

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. 216 Central
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Doshia Macom

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct (Month) 15 (Day) 1888 (Year)

8. AGE: Years 63 Months 2 Days 20 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business House Keeper

FATHER
12. Name Sam Gipson
13. Birthplace Unknown (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Hettie Ann Henderson
15. Birthplace Unknown (City, town, or county) Tenn (State or foreign country)

16. (a) Informant Gladys Ford
(b) Address Senath Rt 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-26-48 (Month) (Day) (Year)
(c) Place: burial or cremation Senath Cem

18. (a) Signature of funeral director Lentz Service
(b) Address Kennett MO

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 25 year 1948 hour 10 minute 30 M.

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

Immediate cause of death Carcinoma of Liver

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to 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 (M. D. or other)
Address Date signed

SUPPLEMENTARY

Earl Husband
405 St Francis St
Kennett, MO

5-15-880