

S. No. 2  
M-543  
7. 5-17-39  
I X36671

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

**FILED JUN 5 1948**

Registration District No. **107**

Primary Registration District No. **5422**

Registrar's No. **54**

**1. PLACE OF DEATH:**  
 (a) County **Dunklin**  
 (b) City or town **Kennett Mo. Rt. 2**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **Dunklin County Home 5**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **3 Months**  
(Specify whether In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Mo.** (b) County **Dunklin 35**  
 (c) City or town **Kennett Mo. Rt. 2**  
(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** **Willie T. Gloson**  
**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** **Widowed**  
**6. (b) Name of husband or wife** \_\_\_\_\_  
**6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** **Nov. 15 1871**  
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
76	8	8	hr. min.

**9. Birthplace** **Unknown Ark.**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Housewife**

**11. Industry or business** \_\_\_\_\_

**MOTHER FATHER**  
**12. Name** **Unknown Unknown**  
**13. Birthplace** **Unknown Unknown**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **Unknown**  
**15. Birthplace** **Unknown Unknown**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Gene Jackson**  
**(b) Address** **Kennett Mo. Rt. 2**

**17. (a)** **Burial** **(b) Date thereof** **5-24-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** **Gregory Cemetery**

**18. (a) Signature of funeral director** **Emerson Service**  
**(b) Address** **Paragould Ark.**

**19. (a)** **5-25-48** **(b)** **Earl Shubert**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **May** day **23rd**  
 year **1948** hour **6.00** minute **A.** M.  
**21. I hereby certify that I attended the deceased from** **5-18-48**  
 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 1948;  
 that I last saw h\_\_\_\_\_er alive on **May 22nd**, 19\_\_\_\_ 48  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
**Uremia**

Due to **Intestinal Nephritis**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
**1310**

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_  
**23. Signature** **D. T. Dimpsey** (M. D. or other)  
**Address** **Kennett Mo.** **Date signed** **5-23-48**

RECEIVED

District Health Office No. 2,

File Number 548-688

Date 5-29-48

STATEMENT BY LICENSED EMBALMER

*Not embalmed*

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.**