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FILED SEP 29 1948

Registration District No. 43

Primary Registration District No. 5135

Registrar's No. 314

1. PLACE OF DEATH:

(a) County Butler Co.  
(b) City or town Junction, Mo. 2.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1514 H. 11 Hwy. 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 2 days  
years, months or days

3. (a) PRINT FULL NAME DONNA SUE KITCHEN

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white 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 Aug 12 1943  
(Month) (Day) (Year)

8. AGE: Years 5 Months 4 Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Junction Ark. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER { 12. Name Otis Kitchens  
13. Birthplace Pector Ark. 1  
(City, town, or county) (State or foreign country)  
14. Maiden name Blanche Paula Meebree  
15. Birthplace Junction Ark. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Otis Kitchens

(b) Address Junction, Ark.

17. (a) Burial (b) Date thereof Sept 18 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bowman Cemetery

18. (a) Signature of funeral director D. J. Mowery

(b) Address Junction, Ark.

19. (a) 9-23-48 (Date received local registrar) (b) D. J. Mowery (Registrar's signature) (c) \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Ark. (b) County Craighead  
(c) City or town Junction  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16 year 1948 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 16 1948 that I last saw her alive on 9/16/48 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Elderly white

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

Major findings: Of operations 120a  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

23. Signature D. J. Mowery (M. D. or nat.)  
Address Junction Ark. Date signed 9/23/48

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

RECEIVED

District Health Office No. 2,

District File Number 248-1217

Date Filed 9-22-48

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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 John R. Casner

Licensed Embalmer No. 2912

P. O. Address Rector, Ark

**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.**