

FILED NOV 23 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36061

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 150

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: Presnell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 minutes
(Specify whether years, months or days)
In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 8 miles N.W. of Hayti
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARION AMES

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife PEARL AMES 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased NOVEMBER 8 1901
(Month) (Day) (Year)

8. AGE: Years 47 Months 0 Days 3 If less than one day hr. _____ min. _____

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

10. Usual occupation Mechanic

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Mattie Ames

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

16. (a) Informant Herbert Ames

(b) Address R 1 Box 202 Hayti, Mo

17. (a) Burial (b) Date thereof 11-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Prairie Cemetery

18. (a) Signature of funeral director To Forge Und. Co.

(b) Address 712 Ward, Carlthersville, Mo

19. (a) 11-14-1948 (b) Eud Huskins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11
year 1948 hour 3 minute 45 AM.

21. I hereby certify that I attended the deceased for
11-11-1948 to _____ 19____
that I last saw him alive on 11-11- 1948
and that death occurred on the date and hour stated above

Immediate cause of death Peritonitis due to Ruptured Gastric Ulcer
Duration _____

Due to _____

Due to _____

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

Major findings: Of operations 117H

Of autopsy _____

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) (a) Means of injury 2

23. Signature J. G. Masterson (M.D. or other) _____

Address Hayti, Mo Date signed 11-13-48

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 1148-1558

Date Filed 11-22-48

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 *Boytt B. Willis*

Licensed Embalmer No. *4603*

P. O. Address *Canthersville, 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.