

No. 2  
-8-43  
17-39  
X37823

FILED DEC 15 1948

State File No. \_\_\_\_\_

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 158

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  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 hr.  
(Specify whether  
In this community 36 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 35'  
(c) City or town Senath, Missouri  
(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 Charity Penecy Brown

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 3 divorced

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years

7. Birth date of deceased July 21, 1896  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
52 4 9 hr. \_\_\_\_\_ min.

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

10. Usual occupation Housework

11. Industry or business

12. Name William H. McKenney 9  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Flossie Johnson

(b) Address Senath, Missouri

17. (a) Burial (b) Date thereof Dec. 1, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Senath Cemetery

18. (a) Signature of funeral director M. J. ...

(b) Address Senath, Missouri

19. (a) 12-9-48 (b) Earl ...  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30,  
year 1948 hour 2:50 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Nov. 30,  
1948 to Nov. 30, 1948  
that I last saw her alive on Nov. 30, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration 3 hrs

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

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

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

Major findings: Of operations \_\_\_\_\_  
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) (e) Means of injury \_\_\_\_\_

23. Signature H. ... (M. D. or other)  
Address Senath, Missouri Date signed 11-30-48

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

RECEIVED

District Health Office No. 2,

District File Number 1248-1655

Date Filed 12-13-48

DEC 18 1958

AUG 29 1958

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..... *[Signature]*

Licensed Embalmer No. 4466

P. O. Address..... *[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.