

FILED JAN 7 1949

THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39756

State File No. ....

36  
22

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

BIRTH NO. <u>None</u>		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3019</u>		Registrar's No. <u>167</u>	
1. PLACE OF DEATH a. COUNTY <u>DUNKLIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>DUNKLIN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>KENNETT</u>		c. LENGTH OF STAY (In this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KENNETT</u>		33 22 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>805 EAST 4TH ST.</u>				d. STREET ADDRESS (If rural, give location) <u>805 EAST 4TH ST.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SUSIE</u>		b. (Middle)		c. (Last) <u>PECTOR</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12 30 48</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JAN. 15-1882</u>		9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>11</u>	IF UNDER 6 WKS. Days <u>15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>DAVIS COUNTY KY</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JOHN MCDOWELL</u>		13b. MOTHER'S MAIDEN NAME <u>MATTIE SCOTT</u>		14. NAME OF HUSBAND OR WIFE <u>DECEASED</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MAUDIE MORGAN KENNETT</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. <u>490</u>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Cervix</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				MEDICAL CERTIFICATION  INTERVAL BETWEEN ONSET AND DEATH <u>240</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>March 1, 1948</u> , to <u>Dec 30, 1948</u> , that I last saw the deceased alive on <u>Dec 28, 1948</u> , and that death occurred at <u>12:30 a.m.</u> , from the causes and on the date stated above. <u>0</u>							
23a. SIGNATURE (Degree or title) <u>Haul Holderen M.D.</u>				23b. ADDRESS <u>Kennett Mo.</u>		23c. DATE SIGNED <u>1-1-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-31-48</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GRIEFORE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KENNETT MO</u>	
DATE REC'D BY LOCAL REG. <u>12-31-48</u>		REGISTRAR'S SIGNATURE <u>Carl J. Husband</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>WENTZ</u>		ADDRESS <u>SERVICE KENNETT</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 147-24

Date Filed 1-6-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ~~was embalmed~~ *not embalmed* by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Edgar B. Towd

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.