S. No. 300
v. 10.48

FILED MAR 24 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7932

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 40

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kennett
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Presnell Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Dunklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kennett
d. STREET ADDRESS (If rural, give location): 508 King

3. NAME OF DECEASED (Type or Print)
a. (First): Lonnie
b. (Middle): Patrick
c. (Last): Jaques

4. DATE OF DEATH (Month) (Day) (Year): 3 - 16 - 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 3-17-1912
9. AGE (In years last birthday): 36
IF UNDER 1 YEAR: Months ..... Days .....
IF UNDER 24 HRS.: Hours ..... Min. .....

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Kennett Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Clarence Jaques
13b. MOTHER'S MAIDEN NAME: Nora May Carter
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 490-32-1255
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Minnie Finnley
ADDRESS:

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary tuberculosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

102X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-21-49, 19___, *to* 3-16-49, 19___, *that I last saw the deceased alive on* 3-16-49, 19___, *and that death occurred at* 6 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G. R. Presnell, M.D.
23b. ADDRESS: Kennett, Missouri
23c. DATE SIGNED: 3-18-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/17/49
24c. NAME OF CEMETERY OR CREMATORY: Gregory
24d. LOCATION (City, town, or county) (State): Kennett - MO

DATE REC'D BY LOCAL REG.: 3-20-1949
REGISTRAR'S SIGNATURE: Earl Hunsaker
25. FUNERAL DIRECTOR'S SIGNATURE: Helen F. Lemonds
ADDRESS:

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No. 2,
District File Number 349-426
Date Filed 3-22-49

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 .....
..... Student Embalmer No. .....,
working under my personal supervision.

Student .....
Student Embalmer

Signed Helen F. Lemonds

Licensed Embalmer No. 4457

P. O. Address Kennett

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.