S. No. 300
v. 10.48

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

FILED APR 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7944

State File No.

BIRTH NO. REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 55

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): 22year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Dunklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kennett
d. STREET ADDRESS (If rural, give location): 1105 N. Balawin St.

3. NAME OF DECEASED (Type or Print)
a. (First): Lee
b. (Middle): —
c. (Last): Truett

4. DATE OF DEATH (Month) (Day) (Year): Apr. 8th, 1949

5. SEX: Male
6. COLOR OR RACE: Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 6 1872
9. AGE (In years last birthday): 76 — If under 1 year: Months 11, Days 2 — If under 24 hrs.: Hours, Min.

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

13a. FATHER'S NAME: Wesley Truett
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no. (If yes, give war or dates of service): no.
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Fred williams — ADDRESS: Eilane Ark Bx421

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Cardio-Vascular Renal
DUE TO (c): disease

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

INTERVAL BETWEEN ONSET AND DEATH

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* Jan 1949 *to* april 8, 1949; *that I last saw the deceased alive on* april 7, 1949, *and that death occurred at* 12:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Chester R. Peck M.D.
23b. ADDRESS: Kennett Mo.
23c. DATE SIGNED: 4-11-1949

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-10-49
24c. NAME OF CEMETERY OR CREMATORY: Oak Ridge - Colored
24d. LOCATION (City, town, or county) (State): Kennett Mo.

DATE REC'D BY LOCAL REG.: 4-11-1949
REGISTRAR'S SIGNATURE: Earl Husbun
25. FUNERAL DIRECTOR'S SIGNATURE: Lento Service
ADDRESS: Kennett Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 449-496
Date Filed 9-14-49

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.

Signed Walter C. Hawkins

Signed .....
Student Embalmer

Licensed Embalmer No. 2002

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.