

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

36002  
Do not use this space.

NOV 15 1939

**1. PLACE OF DEATH**

(a) County DUNKLIN Registration District No. 288  
 (b) Township 2 Primary Registration District No. 5406 Registered No. \_\_\_\_\_  
 (c) City Kennett R-1 (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

**2. PRINT-FULL NAME** THOMAS JEFFERSON ATTEBERRY

(a) Residence, No. \_\_\_\_\_ St. Kennett Rt. 1  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MARY BENDLEY  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 18 1862  
 7. AGE YEARS 77 MONTHS 2 DAYS 21 If LESS than 1 day, ..... hrs. or ..... min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

FATHER 13. NAME THOMAS JEFFERSON ATTEBERRY  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GREEN COUNTY ARK

MOTHER 15. MAIDEN NAME MARY BENDLEY  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DUNKLIN COUNTY MO

17. INFORMANT Graves Carter  
 (ADDRESS) Kennett Mo R-1

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE McMullin DATE 11/7/1939

19. FUNERAL DIRECTOR (NAME) Luigi Park  
 (ADDRESS) Kennett Mo

20. FILED 11-7 1939 Thulepoo  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 7 1939  
 22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1939, to Nov 7, 1939  
 I last saw him alive on Nov 5, 1939. Death is said to have occurred on the date stated above, at 7a m.  
 The principal cause of death and related causes of importance were as follows:

Senility & Cholera Morbus 2 day  
& Ch 1  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: 120 lb

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1939  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) W. W. Resnell, M. D.  
 (Address) Kennett Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

V. S. NO. 2  
 50M-1-12-38  
 I X14020

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MARGIN RESERVED FOR BINDING

RECEIVED

District Health Officer No. 3,

District File Number 1139-658

Date Filed 11-10-39

**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.....

Licensed Embalmer No. ....

P. O. 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, above space should be left blank.**