

MAY 22 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43285

Registration District No. 288

Primary Registration District No. 5706

Registrar's No.

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Kennett RR.
(If outside city or town limits, write "RURAL" and name of township)(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ years, months or days Life

3. (a) PRINT FULL NAME

Annabell Thomas

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race White

6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 19 38
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

1 4 24 hr. _____ min.

9. Birthplace

Dunklin Co Mo

(City, town, or county)

(State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Will H. Thomas13. Birthplace Ark.
(City, town, or county) (State or foreign country)14. Maiden name Pearl Keller
15. Birthplace Ark.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Will H. Thomas(b) Address Holcomb17. (a) Burial (b) Date thereof 12-14-39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Stanfield18. (a) Signature of funeral director L. Adams(b) Address Funeral Home Campbell St19. (a) 12-18 (b) 37 Thelma Davis
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dunklin(c) City or town Near Kennett
(If outside city or town limits, write "RURAL")(d) Street No. (Rural)
(If rural, give location)(e) If foreign born, how long in U. S. A.? NO years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13
year 1939 hour 10 minute P. M.21. I hereby certify that I attended the deceased from
12-8, 1939, to 12-13, 1939;
that I last saw her alive on 12-9-39,
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Myocardial failure
Due to perforated ulcer
Due to perforated ulcer

Duration

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations NOOf autopsy NO

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 J. H. Kern (M. D. or other) 1
Address Kennett Date signed 12-18-39

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.

RECEIVED

District Health Officer No. 3,

District File Number 140 - 78

Date Filed 1/16/40

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.