

FILED JUN 13 1941

Registration District No. 288

Primary Registration District No. 472

Registrar's No.

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Kennett R.I.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Dunklin Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community fifteen years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin 35
(c) City or town Rural 1
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Allie Viola Dial

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 21
year 1941 hour 5 minute P. M.
21. I hereby certify that I attended the deceased from May 1, 19 41 to May 21, 19 41
that I last saw h. er alive on May 21, 19 41
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hubert Dial 6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased May 1, 1911
(Month) (Day) (Year)

Immediate cause of death _____ Duration _____

Septicemia following Abortion

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 141 W

8. AGE: Years 30 Months - Days 17 If less than one day _____ hr. _____ min.

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Manchester Texas (City, town, or county) (State or foreign country)
10. Usual occupation House Keeper

11. Industry or business _____
12. Name Ed Amick
13. Birthplace Kennett Mo (City, town, or county) (State or foreign country)
14. Maiden name Anna McCollum
15. Birthplace Remond Ark (City, town, or county) (State or foreign country)

16. (a) Informant Hubert Dial
(b) Address Kennett R.I. 1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-22-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Ridge Cem

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? _____

18. (a) Signature of funeral director Lutz and G
(b) Address Kennett Mo
19. (a) 5-31-41 (Date received local registrar) (b) Hubert Davis (Registrar's signature)

23. Signature J. P. Presnell (Specify type of place) (M. D. or other) 0
While at work? _____ (c) Means of injury _____
Address 204 S. Main, Kennett, Date signed 5-29-41

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

MOTHER FATHER

RECEIVED
District Health Officer No. 2,
District File Number 641-798
Date Filed 6/11/41

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 complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.