

1. PLACE OF DEATH:

(a) County Dunklin
 (b) City or town Kennett Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Presnell Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 Days
 In this community 8 Years
 years, months or days (Specify whether

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20th
 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from 10-11-41
 19..... to 10-20 1941;

that I last saw him alive on 10-20-41 19.....
 and that death occurred on the date and hour stated above.

Immediate cause of death Multiple Abscess Lung Liver, Kidneys, Pyemia Septicemia
 Duration 9 days

Due to Lung abscess Right 8 months

Due to falling pneumonia 14 days

Other conditions
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations 24a

Of autopsy none

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?

(Specify type of place) While at work? (e) Means of injury

23. Signature J.R. Presnell M.D. (M. D. or other)

Address Presnell, Missouri Date signed 10-21-41

3. (a) PRINT FULL NAME Ossie Lee Stidham

3. (b) If veteran, name war 3. (c) Social Security No. 703-01-381

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife 6. (c) Age of husband or wife if

7. Birth date of deceased November 4th 1914
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
26 11 16hr.min.

9. Birthplace Hamilton Alabama
 (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

12. Name Woodward Stidham

13. Birthplace Alabama
 (City, town, or county) (State or foreign country)

14. Maiden name Lavonia Palmer

15. Birthplace S. Carolina
 (City, town, or county) (State or foreign country)

16. (a) Informant Woodward Stidham

(b) Address Deering Mo.

17. (a) Burial (b) Date thereof Oct. 22-1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caruthersville Mo.

18. (a) Signature of funeral director Lentz Service

(b) Address Kennett Mo.

19. (a) Oct. 21-41 (b) Julia Blaukschik
 (Date received local registrar) (Registrar's signature)

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 G. C. Lunsdell

Licensed Embalmer No. 818

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.