

FILED MAY 12 1942

Registration District No.

Primary Registration District No. 4172

Registrar's No. 93

1. PLACE OF DEATH:

(a) County: Dunklin
(b) City or town: Kennett - ~~Missouri~~
(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: 5 Days
Specify whether
In this community: years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Dunklin 35
(c) City or town: Kennett - no
(If outside city or town limits, write "RURAL")
(d) Street No.: 808-5th Street
(If rural, give location)
(e) Citizen of foreign country? no - (Yes or No)
If yes, name country: C

3. (a) PRINT FULL NAME: Helen (Terry) Brown
3. (b) If veteran, name war: no
3. (c) Social Security No.: no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: March day: 3
year: 1942 hour: minute: M.
21. I hereby certify that I attended the deceased from 2-27-42
19... to 3-3-42 19...
that I last saw her alive on 3-3-42 19...
and that death occurred on the date and hour stated above.

4. Sex: F 1
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
(b) Name of husband or wife: George Brown
6. (c) Age of husband or wife if alive: 30 years
7. Birth date of deceased: August 19 1915
(Month) (Day) (Year)

Immediate cause of death: Tuberculosis
Duration: 3 wk

8. AGE: Years: 26 Months: 6 Days: 13
If less than one day: hr. min.

9. Birthplace: New Madrid (County) Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

MOTHER FATHER
12. Name: Robt. Terry
13. Birthplace: Scott-County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name: Lily M. Lee
15. Birthplace: Scott-County Missouri
(City, town, or county) (State or foreign country)

Due to: ...
Due to: ...
Other conditions: (Include pregnancy within 3 months of death) 1381
Major findings: Of operations: ...
Of autopsy: ...

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant: George Brown
(b) Address: Kennett - no

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?

17. (a) Burial (b) Date thereof: Mar-4-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Ridge Cemetery

18. (a) Signature of funeral director: paid Salmon
(b) Address: Kennett
19. (a) Date received local registrar: March 6 1942
(b) Registrar's signature: [Signature]

While at work? (Specify type of place) (c) Means of injury: C
23. Signature: S. P. [Signature] (M. D. or other)
Address: Kennett, Mo. Date signed: 3-3-42

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

RECEIVED

District Health Office No. 2

District File Number 442-510

Date Filed 4-13-42

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

William

Licensed Embalmer No.

2556

P. O. Address

South 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.