

S. No. 2  
1-1-4-41  
7. 5-17-39  
PI X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 12 1942  
Registration District No. 28

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

14211  
State File No. \_\_\_\_\_  
Registrar's No. 98

Primary Registration District No. 4172

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

1. PLACE OF DEATH:  
(a) County Dunklin  
(b) City or town Kennett  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none  
In this community 20 years  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Dunklin  
(c) City or town Kennett  
(If outside city or town limits, write "RURAL")  
(d) Street No. 210 Cedar Street  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary D. Giddings  
(b) If veteran, name war no  
(c) Social Security No. no

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 20  
year 1942 hour 3 - minute 45 P.M.  
21. I hereby certify that I attended the deceased from May 28 1940 to March 20 1942  
that I last saw her alive on March 20 1942  
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced N  
6. (b) Name of husband or wife W.B. Giddings  
6. (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased May 31 1886  
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Cervix  
Duration 2 yr  
Due to \_\_\_\_\_  
Due to H&A  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years 55 Months 9 Days 16  
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 home

12. Name Charley Howard  
13. Birthplace Smithman Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Dotson  
15. Birthplace Unknown Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mildred Jones  
(b) Address Kennett, MO

17. (a) Burial (b) Date thereof 2-22-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oak Ridge

18. (a) Signature of funeral director Paul Salmon  
(b) Address Kennett, MO

19. (a) March 22 1942 (b) Paul Salmon  
(Date received local registry) (Registrar's signature)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 Paul Baldwin (M. D. or other) M.D.  
Address Kennett MO Date signed 3-21-42

901 John Hancock License of Embalmer's Statement on Reverse Side

RECEIVED

District Health Office No. 2,

District File Number 442-505-

Date Filed 4-13-42

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**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. 2556-

P. O. Address Fansell, 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.**