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FILED JAN 11 1943
Registration District No. **7**

Primary Registration District No. **3019**

Registrar's No. **174**

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2
2
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 **Presnell Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community **life time**

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. **234 South Main**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Dollie W. Sexton**
 3. (b) If veteran, name war **✓** 3. (c) Social Security No. **no**

4. Sex **F** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **Arthur D. Sexton** 6. (c) Age of husband or wife if alive **dead** years
 7. Birth date of deceased **May 11 1892**
(Month) (Day) (Year)

8. AGE:
 Years **60** Months **6** Days **24**
 If less than one day hr. min.

9. Birthplace **Dunklin County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **home**

11. Industry or business **home**

MOTHER FATHER
 12. Name **Lyle Williams**

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

14. Maiden name **Eugenia Thompson**

15. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Glenn Sexton**
 (b) Address **Kennett, Mo.**

17. (a) **Burial** (b) Date thereof **12-8-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Jak Ridge Cemetery**

18. (a) Signature of funeral director **Paul Belmont**
 (b) Address **Belmont Bros**

19. (a) **12/8/1942** (b) **J. Blair**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **6**
 year **1942** hour **2** minute **30 P.** M.
 21. I hereby certify that I attended the deceased from **Nov. 5** 1942 to **Dec 6** 1942
 that I last saw her alive on **Dec 6, 1942**, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia & Cardiac Failure** **3 day**
 Duration

Due to **Septicemia (Staph.)** **3 weeks**
 Due to _____

Other conditions **Pathological Fract Right Femur of bone**
(Include pregnancy within 3 months of death)

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 **J. R. Bennett** (M. D. or other)
 Address **Kennett, Mo.** Date signed **Dec 6 1942**

RECEIVED

District Health Office No. 2

District File Number 143-9

Date Filed 1-4-43

MAR 5 1948

OCT 26 1948

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 *Balmer*

Licensed Embalmer No. 2556

P. O. Address Remeth, N. J.

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40669

Registration District No. 137

Primary Registration District No. 3019

Registrar's No. 174

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:
Presnell Loop
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community life years, months or days)

3. (a) PRINT FULL NAME Hollie M. Sexton

3. (b) If veteran, 7 name war _____
3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid

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

7. Birth date of deceased May 11 (Month) (Day) (Year)

8. AGE: Years 60 Months 6 Days 13 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Style Williams

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

14. Maiden name Eugenia Thompson

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin
(c) City or town Kennett (If outside city or town limits, write "RURAL")
(d) Street No. 234 South Main (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____
that I last saw him/her alive on _____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____

Due to _____

Other conditions Pathological fracture
(Include pregnancy within 3 months of death) of femur 4/20

Major findings: Of operations _____

Of autopsy 24a

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)

(b) 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 D. S. Bennett (M. D. or other) _____

Address Bennett, Mo Date signed 2-1-42

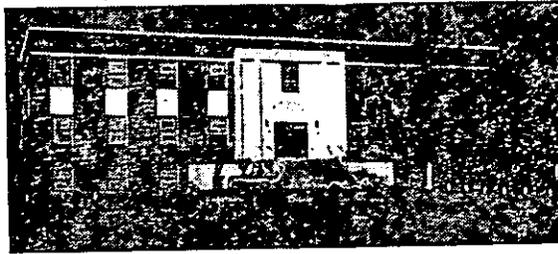
SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

PRESNELL



HOSPITAL

FLORA WILSON, Secretary

S. E. GRUGETT, Business Manager

PAULINE H. PRESNELL, Reg. T.

917 SOUTH JACKSON ST.

Kennett, Missouri

TELEPHONES 558 and

February 2, 1943

United States Bureau of the Census,
% State Board of Health,
Jefferson City, Missouri.

Gentlemen:

There was no accident involved in this case. The patient had a staphylococcus septicemia and had been bed-fast for several weeks, and while in the Methodist Hospital, Memphis, Tennessee the pathological fracture occurred at the site of an old abscess. She was in a cast and the nurses were trying to turn her when the fracture happened. I do not know the date of this.

Yours very truly,
PRESNELL HOSPITAL

G. R. Presnell M.D.
G. R. PRESNELL, M.D.