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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 5 1943

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

2120

State File No.

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 11

**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 O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Two Days (Specify whether)
In this community ..... years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Dunklin 35

(c) City or town Hornersville 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rural
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Letha Jaco

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

4. Sex Fem 5. Color or race White 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased Dec (Month) 28 (Day) - 1942 (Year)

8. AGE: Years | Months | Days 3 | If less than one day ..... hr. ..... min.

9. Birthplace Kennett (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name Edgar Jaco
13. Birthplace ..... (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Delia Hollingsworth
15. Birthplace ..... (City, town, or county) Ark 1 (State or foreign country)

16. (a) Informant T. R. Hollingsworth
(b) Address Hornersville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-42 (Month) (Day) (Year)
(c) Place: burial or cremation Hornersville Mo

18. (a) Signature of funeral director Linn Und Co
(b) Address Kennett Mo

19. (a) 1-29-43 (Date received local registrar) (b) Julia Blankenship (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec day 30 year 1942 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from 12-28, 1942 to 12-30, 1942; that I last saw her alive on 12-30, 1942; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Intracranial Hemorrhage | 3 |
| Due to: Difficult Labor | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

160 C

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 0

23. Signature S Presnell (M. D. or other) M.D.
Address Kennett Mo Date signed 1-1-43

901

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 243-153
Date Filed 2-3-43

## 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 comply with the above constitutes grounds for revocation of license.)**

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