

FILED OCT 7 1943  
 Registration District No. 707

Primary Registration District No. 3019

Registrar's No.

82

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 20 days  
 In this community 10 Years  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Pemiscot 078  
 (c) City or town Rural Steele  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. R.R.D.  
 (If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Opal Lorene Dodson  
 3. (b) If veteran, name war No 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Sept day 20  
 year 1943 hour 11:00 pm minute 12 M.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

21. I hereby certify that I attended the deceased from Sept 1, 1943, to Sept 20, 1943  
 that I last saw her alive on 9-20-43, 19\_\_\_\_, and that death occurred on the date and hour stated above.  
 Immediate cause of death Uremia

7. Birth date of deceased February 27, 1891  
 (Month) (Day) (Year)

Due to _____	Duration _____
Due to _____	_____

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>6</u>	<u>23</u>	_____ hr. _____ min.

Other conditions Diabetic Mellitus & Noto  
 (Include pregnancy within 3 months of death)  
Myocardial heart disease. Sinus PHYSICIAN  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy 61

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

10. Usual occupation Housewife & Farming

11. Industry or business Farming

12. Name John Lyons

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

14. Maiden name Lizzie Pitts

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

16. (a) Informant Mrs Bessie French

(b) Address 1498 S. Broadway, St. Louis, Mo

17. (a) Removal (b) Date thereof Sept 22, 1943  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Houlka, Miss. Gursham

18. (a) Signature of funeral director German Undt Co.

(b) Address Box # 121 Steele, Missouri

19. (a) 9-21-43 (b) Julius Blankenship  
 (Date received local registrar) (Registrar's signature)

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?  
Cemetery  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury? \_\_\_\_\_  
 23. Signature H. C. Wilson M.D. (M. D. or other) \_\_\_\_\_  
 Address Presnell Hospital - Kennett, Mo Date signed 9/22/43

RECEIVED

District Health Office No. 2,

District File Number 10F3-1238

Date Filed 10-5-43

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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.....

*John W. Kern*

Licensed Embalmer No. 707

P. O. Address State, Md

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.