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

1. PLACE OF DEATH:

(a) County Dunklin Co.  
(b) City or town Kennett  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Oreskell Hospt  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin  
(c) City or town Braggadocio, (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Alice Ash

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

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

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

7. Birth date of deceased Apr. 6 43  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
6 18 hr. min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Elmer Ash

13. Birthplace Cherry Valley Ark  
(City, town, or county) (State or foreign country)

14. Maiden name Lovie May Howard

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

16. (a) Informant Elmer Ash  
(b) Address Braggadocio Mo.

17. (a) Burial (b) Date thereof 10-25-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt Zion Steele Mo.

18. (a) Signature of funeral director German Undertaking Co  
(b) Address Steele Mo.

19. (a) 10/24/43 (b) Julia Blankenship  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. 9 day 24  
year 1943 hour 3 minute 35 P.M.

21. I hereby certify that I attended the deceased from October 13, 1943, to October 24, 1943  
that I last saw her alive on \_\_\_\_\_, 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Bronchopneumonia Duration 11 days  
meningococcal meningitis Duration 11 days

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (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 L. C. Wilson (M. D. optional)  
Address Kennett Mo Date signed 10-24-43

RECEIVED

District Health Office No. 2,

District File Number 1143-1424

Date Filed 11-11-43

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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 H. Gorman

Licensed Embalmer No. 4355

P. O. Address State, 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.