

ILLD DEC 6 1943

Registration District No. **707**

Primary Registration District No. **3019**

1. PLACE OF DEATH:  
(a) County **Dunklin**  
(b) City or town **Sennett**  
(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 **7 days**  
Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Dunklin**<sup>35</sup>  
(c) City or town **Halscomb**  
(If outside city or town limits, write "RURAL") **0**  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Bettie Thomasson**  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Sept** day **18**  
year **1943** hour \_\_\_\_\_ minute **10:30 P.M.**  
21. I hereby certify that I attended the deceased from **9-11-43**  
19 \_\_\_\_\_ to **9-18-43** 19 \_\_\_\_\_  
that I last saw her alive on **9-18-43** 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **2**  
6. (b) Name of husband or wife **John W. Thomasson** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **May 16 1872**  
(Month) (Day) (Year)

Immediate cause of death **Uremia** Duration **7 days**  
Due to **Chronic nephritis** **Second heart**  
Due to **senility**

8. AGE: Years **71** Months **4** Days **2** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions (include pregnancy within 3 months of death)  
Major findings: **Open fracture - ✓**  
**Fracture Surged with plate**  
**frimur**  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace **Kentucky** (City, town, or county) (State or foreign country)  
10. Usual occupation **Housewife**  
11. Industry or business \_\_\_\_\_  
12. Name **E. J. Godbey**  
13. Birthplace **Kentucky** (City, town, or county) (State or foreign country)  
14. Maiden name **Louisa Wesley**  
15. Birthplace **Kentucky** (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **✓ 1. 9. 43**  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? **Halscomb Dunklin Missouri**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, or industrial place, in public place?  
**patient fell at home**  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury **fall**  
23. Signature **J. Presnell** (M. D. or other) \_\_\_\_\_  
Address **Presnell Mo** Date signed **9-18-43**

16. (a) Informant **Della Godbey**  
(b) Address **Halscomb, Missouri**  
17. (a) **Burial** (b) Date thereof **9-21-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Stanfield**  
18. (a) Signature of funeral director **Landon Funeral Home**  
(b) Address **Campbell, Missouri**  
19. (a) **11-30-43** (b) **John Blankenship**  
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Office No. 2,

District File Number 1242-1492

Date Filed 12-3-43

DEC 2 1943

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.....

*Christina M. Landess*

Licensed Embalmer No. 4227

P. O. Address.....

*Campbell, 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.

Registration District No. 107 Primary Registration District No. 3019

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:

(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 (Specify whether years, months or days)

**3. (a) PRINT FULL NAME** Beth Thomason

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

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

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

7. Birth date of deceased May 16  
(Month) (Day) (Year)

**8. AGE:** Years 71 Months 4 Days 16 If less than one day min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name (City, town, or county) (State or foreign country)

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

16. (a) Informant (b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director (b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State (b) County

(c) City or town (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

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept year 1943 hour 10 minute 15 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above. Immediate cause of death Wrenia

Due to chronic nephritis

Due to senility

Other conditions (Include pregnancy within 3 months of death)

Major findings: 186

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) Accident

(b) Date of occurrence 9-18-43

(c) Where did injury occur? Halscomb, Dunklin, Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
home

While at work? (Specify type of place) (e) Means of injury fall

23. Signature B. J. Kennell (M. D. or other) M.D.

Address Kennett, Mo Date signed 12-11-43

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