

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **84760**

M-5-43
5-17-39
I X36671

FILED OCT 19 1944

Registration District No. _____

Primary Registration District No. **3019**

Registrar's No. **125**

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Kennett City
(c) Name of hospital or institution: Presnell Hospital
(d) Length of stay: In hospital or institution _____
In this community Steel Community over 1 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Pennscoth
(c) City or town Steel Rural
(d) Street No. _____
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Lucy Ann Starfill
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 17
year 1944 hour 11 minute 50 P.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
7. Birth date of deceased: June - 10 - 1860

21. I hereby certify that I attended the deceased from 9-8, 1944, to 9-17, 1944, that I last saw her alive on 9-17, 1944, and that death occurred on the date and hour stated above.

8. AGE: Years 84 Months 3 Days 7
If less than one day _____ hr. _____ min.

Immediate cause of death Artery Myocardial heart disease Chronic Nephritis
Due to _____
Due to _____

9. Birthplace Tenn.
10. Usual occupation Homework

Other conditions Fracture neck of femur right leg
Major findings: of operations

11. Industry or business _____
12. Name Austin Colbut
13. Birthplace Mo.
14. Maiden name Jane Reiman
15. Birthplace Tenn.

PHYSICIAN _____
Underline the cause to which death should be charged statistically:
Of autopsy _____

16. (a) Informant: Ouzie Starfill
(b) Address Jackson Tenn
17. (a) Burial (b) Date thereof Sept. 21 - 1944
(c) Place: burial or cremation Jackson Tenn.
18. (a) Signature of funeral director Louise F. H.
(b) Address Jackson Tenn
19. (a) 9-24-44 (b) J. B. Blankenship

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? _____
(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. or other) M.D.
Address Kennett, Mo. Date signed 9-24-44

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

35
92

RECEIVED

District Health Office No. 2,

District File Number 1044-1390

Date Filed 10-12-44

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

E. W. Lunden

Licensed Embalmer No.

2289

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.

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

3. (a) PRINT FULL NAME Lucy Ann Stanfill

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 _____ years

7. Birth date of deceased: June 10 1866
(Month) (Day) (Year)

8. AGE: Years 84 Months 3 Days _____ If less than one day _____ min.

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (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 day 17
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____

that I last saw him _____ alive on _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death: hemia

myocardial heart disease

Due to chronic nephritis

Due to _____

Other conditions: Fracture neck of femur, right leg
(Include pregnancy within 3 months of death)

Major findings: 1866?
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 9-8-44

(c) Where did injury occur? State, 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)
at home (e) Means of injury fell

23. Signature L.C. Wilson (M. D. or other) _____

Address Kennett Mo Date signed 10-24-44

SUPPLEMENTAL

Underline the cause to which death should be charged statistically.

34169