

No. 2  
M-543  
v. 5-17-39  
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33160**

FILED OCT 23 1946

Registration District No. **3019** Registrar's No. **190**

1. PLACE OF DEATH: **VILLAGE**

(a) County: **DUNKLIN**

(b) City or town: **KENNETT**

(c) Name of hospital or institution: **PRESNEILL HOSPITAL**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **7 days**  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: **MO** (b) County: **TEMISSCOI**

(c) City or town: **Kennett Hayti**  
(If outside city or town limits, write "RURAL")

(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: **ANNA BARKER**

3. (b) If veteran, name war: **no**

3. (c) Social Security No. **man**

4. Sex: **F** 5. Color or race: **W**

6. (a) Single, widowed, married, divorced: **SO**

6. (b) Name of husband or wife: \_\_\_\_\_

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

7. Birth date of deceased: **Don't know**  
(Month) (Day) (Year)

8. AGE: Years **81** Months **-** Days **-** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: **Don't know** **9**  
(City, town, or county) (State or foreign country)

10. Usual occupation: **Retired**

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

12. Name: **Don't know** **9**

13. Birthplace: **"** **1**  
(City, town, or county) (State or foreign country)

14. Maiden name: **Don't know**

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

16. (a) Informant: **Man** **2**

(b) Address: **Hayti, Mo**

17. (a) **Burial** (b) Date thereof: **9/28/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Woodlawn Cem. Hayti, Mo.**

18. (a) Signature of funeral director: **Callahan Funeral Home**

(b) Address: **Hayti, Mo. Box 424**

19. (a) **10-15-46** (b) **Carl Husband**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9** day **26**  
year **1946** hour **10** minute **30 p** M.

21. I hereby certify that I attended the deceased from **9-19**, 19**46**, to **9-26**, 19**46**, that I last saw h. **ER** alive on **9-26**, 19**46**, and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary thrombosis**

Due to: **hypertension**

Due to: **Chronic nephritis**

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

**131A**

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)

(c) Means of injury: **U**

23. Signature: **J. P. Resnell** (M. D. or other) \_\_\_\_\_

Address: **Kennett, Mo.** Date signed: **9-27-46**

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

32008

RECEIVED

District Health Office No. 2,

District File Number 1046-1254

Date Filed 10-21-46

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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.....

*Jack Kelley*

Licensed Embalmer No.....

*3788*

P. O. Address.....

*Payt. 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.**