

No. 2
5-43
5-17-39
X36671

FILED DEC 19 1946
Registration District No. **107**

Primary Registration District No. **3019**

Registrar's No. **210**

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:
at home
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Dunklin** **35**

(c) City or town **Kennett** **2**
(If outside city or town limits, write "RURAL")

(d) Street No. **107 King Street** **2**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Sena Elle Amick**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **F** / race **W**

5. Color or race **W**

6. (a) Single, widowed, married, divorced **W 21**

6. (b) Name of husband or wife **Andrew Jackson Amick**

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **May 25 1861**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	85	6	3	_____ hr. _____ min.

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

10. Usual occupation **housewife**

11. Industry or business _____

12. Name **Rubin Franklin**

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

14. Maiden name **Jane Roche**

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

16. (a) Informant **Mrs. Alice Bruce**

(b) Address **107 King St. Kennett, Mo.**

17. (a) **burial** (b) Date thereof **Dec. 2, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hazel Grove**

18. (a) Signature of funeral director **A. J. Emerson**

(b) Address **Paragoula, Arkansas**

19. (a) **12-1-1946** (b) **Carl J. Hubbard**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **28** day **November**
year **1946** hour **11** minute **30** p.m.

21. I hereby certify that I attended the deceased from **7:00 A.M.**
_____ 19**46** to **7:00 P.M.** 19**46**
that I last saw her alive on **7:00 P.M.** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypostatic pneumonia 6 days.**

Due to **Senility**
Arterio Sclerosis 6 years.

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **97**

Of operations _____

Of autopsy _____

Duration _____

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? **2**

While at work? _____ (Specify type of place)

Means of injury **Living & Clinical P.O.**

23. Signature **James G. Gilmore** (M. D. or other)

Address **Kennett 7120** Date signed **12-1-46**

RECEIVED
District Health Office No. 2,
District File Number 1246-1453
Date Filed 12-12-46

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.....

Licensed Embalmer No.....

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.