

Registration District No. 107

Primary Registration District No. 5422

Registrar's No. 248

1. PLACE OF DEATH:

(a) County Dunklin
 (b) City or town Kennett RFD 3 2nd, 2nd
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: 1 mo 23 days
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Lonnie Jewel Presson

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 0
 6. (b) Name of husband or wife: _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: 9 11 1947
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 23 hr. _____ min.

9. Birthplace Kennett Rural Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation: _____

11. Industry or business: _____

12. Name Warner Lee Presson13. Birthplace Dk Clay Co Ark
 (City, town, or county) (State or foreign country)14. Maiden name Betty Joe McManus15. Birthplace Dk Clay Co Ark
 (City, town, or county) (State or foreign country)16. (a) Informant Mrs Bessie Rice(b) Address Kennett, Mo. R 317. (a) Burial (b) Date thereof 11 3-47
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Oak Ridge Cem18. (a) Signature of funeral director Lentz Und Co(b) Address Kennett Mo19. (a) 11-3-1947 (b) Earl Hubbard
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin
 (c) City or town Kennett Mo Rural
 (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 3
 year 1947 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from 2 Nov
11 1947, 1947, to 2 Nov 1947
 that I last saw 11 1947 live on 2 Nov 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death: Bacterial Pneumonia
 Duration 1

Due to: _____

Due to: _____

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

Major findings: _____
 Of operations: _____

Of autopsy: _____
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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)

23. Signature James G. Cochran M.D. or other M.D.Address Kennett Mo Date signed 3 Nov 47

PHYSICIAN

Underline the cause of which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 11-77-1442

Date Filed 11-7-47

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.