

Registration District No. 107

Primary Registration District No. 3.2.1.9

Registrar's No. 3

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: 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, 17 yrs
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. 105 W. Harrison Street 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Sarah A. Day

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Deceased

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

7. Birth date of deceased: May 7 - 1857
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>90</u>	<u>7</u>	<u>21</u>	hr. _____ min. _____

9. Birthplace: Unknown N.C.
(City, town, or county) (State or foreign country)

10. Usual occupation: Ration & Housewife

11. Industry or business _____

12. Name Noah Perry

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

14. Maiden name Unknown

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

16. (a) Informant Ray Day

(b) Address Kennett, mo.

17. (a) Cremial (b) Date thereof 12-29-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cem

18. (a) Signature of funeral director Lois Service

(b) Address Kennett, Mo. 770.

19. (a) Jan 2 - 1948 (b) Carl H. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 28
year 1947 hour 1:00 minute 45 M.

21. I hereby certify that I attended the deceased from June 1947
21 to Dec 28 1947
that I last saw h. OR alive on Dec 28
and that death occurred on the date and hour stated above.

Immediate cause of death: carcinoma
Duration 1 yr

Due to _____

Due to _____

Other conditions: Regenerative Heart Disease
(Include pregnancy within _____ months of death)

Major findings:
Of operations _____

Of autopsy _____

ADDITIONAL SUPPLEMENTARY INFORMATION

22. If death was due to external causes, fill in one of 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? _____
(Specify type of place)

While at work? _____ (e) Means of injury U

23. Signature Chester R. Poch (M.D. or other) M.D.

Address 115 St. Francis Date signed Jan 2

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 48-97

Date Filed 1-19-48

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 Walter A. Harbison

Licensed Embalmer No. 2009

P. O. Address Kennett 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Feb
Registrar's No. 3

Registration District No. 107 Primary Registration District No. 3019

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
In this community _____
years, months or days)

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 _____

3. (a) PRINT FULL NAME Sarah A Day
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month _____ Year 1945 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____
that I last saw him _____ alive on _____ 19 _____
and that death occurred on the date and hour stated above.
Immediate cause of death _____ Duration _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased May 2 (Month) (Day) (Year)
8. AGE: Years 90 Months 7 Days _____ (less than one day) hr. _____ min _____

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

10. Usual occupation _____

11. Industry or business _____

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 _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

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

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

Due to Carcinoma - Splenic flexure of colon
Due to metastatic to spine + generalized in abdomen
Other conditions including liver + cervical nodes.
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy H&E

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? _____

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

23. Signature Chester Peck (M. D. or other) M.D.
Kennett, Mo. Date signed _____
Address _____

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

SUPPLEMENTARY

44237