

FILED JAN 22 1948

Registration District No. 107

Primary Registration District No. 2019

Registrar's No. 1

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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME MARTIN DALE QUALLS

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced X 0

6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased September 22, 1941
(Month) (Day) (Year)

8. AGE: Years 4 Months 3 Days 7 If less than one day hr. _____ min.

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

10. Usual occupation X

11. Industry or business X

MOTHER FATHER

12. Name Hubert Qualls

13. Birthplace Batesville, Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name Virginia Johnson

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

16. (a) Informant Hubert Qualls

(b) Address R. 3 Steele, Mo.

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

(c) Place: burial or cremation Caruthersville, Mo.

18. (a) Signature of funeral director H. S. Smith Funeral Home

(b) Address Caruthersville, Mo.

19. (a) Jan 1 - 1948 (b) Carl Hubbard
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78
(c) City or town Steele Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 29
year 1947 hour 3 minute 20 P. M.

21. I hereby certify that I attended the deceased from 12-28, 1947, to 12-29, 1947, that I last saw him alive on 12-29, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Virus Pneumonia

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy 107

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 Ed Wilson (M. D. or other) M.D.
Address Steele Mo Date signed 12-29-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Office
District File Number 148-5
Date Filed 1-19-46

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.....

William D. Pike

Registered Apprentice No. *440*

working under my personal supervision.

Signed

James A. Osburn

Licensed Embalmer No. *4185*

P. O. Address *Caruthersville, 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.