No. 2
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17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 5 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4429

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 31

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 48 hours (Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 35
(c) City or town Kennett 2
(If outside city or town limits, write "RURAL")
(d) Street No. 404 North Jackson 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Arthur Louis Tetley

3. (b) If veteran, name war None
3. (c) Social Security No. 492-16-5062

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

6. (b) Name of husband or wife Eva Owens Tetley
6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased January (Month) 6 (Day) 1889 (Year)

8. AGE: Years 59 Months 1 Days 17 If less than one day hr. min.

9. Birthplace Benne Terre (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Contractor, builder

11. Industry or business Same

FATHER
12. Name R.P. Tetley 0
13. Birthplace Herculaneum (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary Stinmetz
15. Birthplace Kittanning (City, town, or county) Penna. 1 (State or foreign country)

16. (a) Informant Murl Tetley
(b) Address Kansas City, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2- 25- 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Ridge Cemetery

18. (a) Signature of funeral director [signature]
(b) Address Kennett, Mo.

19. (a) 2-28-1948 (Date received local registrar) (b) [signature] (Registrar's signature) [initials]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23 year 1948 hour 2:00 minute A M.

21. I hereby certify that I attended the deceased from Feb. 21, 1948, to Feb 23, 1948, that I last saw him alive on Feb. 23, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion — Duration 48 hours

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 94A

Of autopsy

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? 0
(Specify type of place)
While at work? (e) Means of injury

23. Signature George E. Dunmire (M. D. or other) MD
Address Kennett Mo Date signed 2/23/48

(Licensed Embalmer's Statement on Reverse Side)

JUN 17 1948

RECEIVED
District Health Office No. 2
District File Number 348-3
Date Filed 3-2-48

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 Helen F. Lemonds

Licensed Embalmer No. 4457

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.