

No. 2
M-5-43
5-17-39
X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19067

State File No.

Registrar's No. 65

FILED JUN 22 1948

Registration District No. 107

Primary Registration District No. 3019

1. PLACE OF DEATH:

(a) County Lunklin
(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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 hrs.
In this community 4 hrs
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lunklin
(c) City or town Kennett Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 408 So. main
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Rickey Gene Stanley

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

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced X O
6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years
7. Birth date of deceased June 7th 1948
(Month) (Day) (Year)

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

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

10. Usual occupation X

11. Industry or business X

12. Name Gene Stanley
13. Birthplace Kennett Rt. 2 Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Joyce Moore
15. Birthplace Kennett Rt. 2 Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Lavern Moore
(b) Address 408 S. main Kennett Mo.

17. (a) Burial (b) Date thereof 6-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Ridge Cemetery

18. (a) Signature of funeral director Lentz Service
(b) Address Kennett Mo.

19. (a) 6-10-48 (b) Carl Husband
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7th
year 1948 hour 6.00 minute A.M.
21. I hereby certify that I attended the deceased from 6-7, 1948, to 6-7, 1948
that I last saw him alive on 6-7, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: congenital heart disease.

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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).....
(c) Means of injury.....
23. Signature E. H. Wilson (M. D. or other) MD
Address Kennett Mo. Date signed 6-7-48

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 No. 2,

District File Number 6-48-280

Date Filed 6-19-46

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Walter A. Hancock

Licensed Embalmer No. 2002

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.