

FILED SEP 16 1948

Registration District No. 187

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 29343

Primary Registration District No. 3019

Registrar's No. 109

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

1. PLACE OF DEATH:

(a) County Dunklin  
(b) City or town Kennett Mo.  
(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 1 Month  
(Specify whether years, months or days)  
In this community 8 Years

3. (a) PRINT FULL NAME Lorene Anglin

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

4. Sex Female 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Aubry Anglin 6. (c) Age of husband or wife if alive 25 years  
7. Birth date of deceased Sept. 21st 1923  
(Month) (Day) (Year)

8. AGE: Years 24 Months 11 Days 13 If less than one day hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business

12. Name W. E. Jackson

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

14. Maiden name Hannah Cole

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

16. (a) Informant Aubry Anglin

(b) Address Kennett Rt. 3

17. (a) Burial (b) Date thereof 9-9-1948  
(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) 9-8-1948 (b) Carl Stueber  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dunklin  
(c) City or town Kennett Mo. Rt. 3  
(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 Sept. day 6th  
year 1948 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from 8-6, 1948, to 9-6, 1948,  
that I last saw her alive on 9-6, 1948,  
and that death occurred on the date and hour stated above.

Immediate cause of death Eclampsia

Due to Pregnancy

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 144A

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 1

23. Signature L. C. Wilson (M. D. or other)

Address Kennett, Mo. Date signed 9-8-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 948-1147

Date Filed 9-13-48

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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 Edgar Lee Ford  
Licensed Embalmer No. 4433  
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.**