

3-300
10-47
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3906

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

32481

State File No. _____

FILED NOV 10 1948

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 144

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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME James Delmar Anglin

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced 1

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

7. Birth date of deceased: Oct 26 - 1948
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 1 If less than one day _____ 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 William Anglin

13. Birthplace Hamilton MO
(City, town, or county) (State or foreign country)

14. Maiden name Lois Ostle

15. Birthplace unknown MO
(City, town, or county) (State or foreign country)

16. (a) Informant Burdie Perrett

(b) Address Kennett Rt 3

17. (a) Burial (b) Date thereof 10-28-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cem

18. (a) Signature of funeral director Leota Sewell

(b) Address Kennett Mo

19. (a) 11-2-1948 (b) Carl Hubbard
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Dunklin

(c) City or town Kennett Rt 3
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27
year 1948 hour 6:30 minute P.M.

21. I hereby certify that I attended the deceased from 10-26, 1948, to 10-27, 1948
that I last saw him alive on 10-27, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Syphilis Duration _____

Due to _____

Due to _____

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

Major findings: NOF
Of operations _____
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? _____

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 10-28-48

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

MOTHER FATHER

RECEIVED

District Health Office No. 7

District File Number 1148 - 15

Date Filed 11-9-46

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.....

Licensed Embalmer No.....

P. O. Address.....

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.