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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED NOV 5 1948

# STANDARD CERTIFICATE OF DEATH

State File No. **32490**  
Registrar's No. **741**

Registration District No. **107**

Primary Registration District No. **3019**

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

**1. PLACE OF DEATH:**

(a) County Missouri  
 (b) City or town Kennett  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Sumner Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 hour  
 (Specify whether  
 In this community Life  
 years, months or days)

**3. (a) PRINT FULL NAME** Joan Ladell Southern  
 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 X 1  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased July 17 - 1948  
 (Month) (Day) (Year)

**8. AGE:** Years 1 Months 3 Days 5 If less than one day hr. min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**  
 12. Name Arnold Southern  
 13. Birthplace Kennett Mo  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Ladell  
 15. Birthplace Piggott Ark  
 (City, town, or county) (State or foreign country)

16. (a) Informant Arnold Southern  
 (b) Address Kennett 7210

17. (a) Funeral (b) Date thereof 10-23-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Big Ridge Cem

18. (a) Signature of funeral director Paul Sumner Home

(b) Address Kennett Mo

19. (a) 10-27-1948 (b) Earl Husband  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Missouri  
 (c) City or town Kennett  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Rural # 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 10 day 22  
 year 1948 hour 3:00 minute 30 P.M.

**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Perished head  
 Due to run over by truck  
 Due to Robert Hester  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Duration

### PHYSICIAN

Major findings: Of operations 760-8  
 Of autopsy 170  
 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) accident  
 (b) Date of occurrence 10-22-1948  
 (c) Where did injury occur? Kennett (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
at Business of Arnold Southern  
 (Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury Coroner  
 23. Signature Walter A. Harper  
 Address Kennett Mo Date signed 10-27-48

RECEIVED

District Health Office No. 2

District File Number 11-48-1408

Date Filled 11-1-48

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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 Walter A. Harbert

Licensed Embalmer No. 2002

P. O. Address Hennett 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.**