

FILED DEC 19 1949 STANDARD CERTIFICATE OF DEATH

State File No. 40699

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 155

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

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>)	
b. CITY OR TOWN <u>Kennett Mo.</u>	c. LENGTH OF STAY (in this place or township) <u>2 1/2 wks.</u>	c. CITY OR TOWN <u>Friendship (rural)</u> 35	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fresnell Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>St. 2 - N. Island Rd.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Walter</u>	b. (Middle) <u>Lee</u>	c. (Last) <u>Dearing</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 5 - 1949</u>
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5. SEX <u>M.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>7-24-1882</u>	9. AGE (in years last birthday) <u>67</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>America</u>
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13a. FATHER'S NAME <u>John Dearing</u>	13b. MOTHER'S MAIDEN NAME <u>Ellen Bond</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Jane Dearing</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Virginia Haywood Kennett</u>	ADDRESS <u>Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Neck</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>1991</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 11-16, 1949, to 12-5, 1949, that I last saw the deceased alive on 12-5, 1949, and that death occurred at 9:35 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H.C. Wilson (M.D.)</u>	(Degree or title)	23b. ADDRESS <u>Kennett, Mo.</u>	23c. DATE SIGNED <u>12-9-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 7, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hedge</u>	24d. LOCATION (City, town, or county) (State) <u>Kennett Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-10-1949</u>	REGISTRAR'S SIGNATURE <u>Carl [unclear]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bessie [unclear]</u>	ADDRESS <u>Kennett, Mo.</u>
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Rec. DUNKLIN COUNTY HEALTH DEPARTMENT
KENNETT, MISSOURI 12-12-
County File No. 1249-23

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *[Signature]*.....

Licensed Embalmer No. 2556-

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.