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

BIRTH NO. _____		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>5422</u>		Registrar's No. <u>132</u>		
1. PLACE OF DEATH a. COUNTY <u>#####</u> Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kennett</u>		c. LENGTH OF STAY (in this place) <u>unknown</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett</u>		0350		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>RFD.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mrs Sarah</u> b. (Middle) <u>Statler</u> c. (Last) _____			4. DATE OF DEATH <u>11-4-1950</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb 9 1857</u>		9. AGE (In years last birthday) <u>93</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>H. Wagon Repair</u>		
10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Sedgewickville Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Unknown</u>		
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		
17. INFORMANT'S SIGNATURE OR NAME <u>Walter Statler</u>		ADDRESS <u>Kennett Mo.</u>		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, ashenia, etc. It means the disease, injury, or complication which caused death.				
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Interstitial Nephritis</u>				INTERVAL BETWEEN ONSET AND DEATH				
ANTECEDENT CAUSES Morbidity 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.				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21f. HOW DID INJURY OCCUR?				22. I hereby certify that I attended the deceased from <u>May</u> , 19 <u>49</u> , to <u>11-4</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>11-3-50</u> , 19 <u> </u> , and that death occurred at <u> </u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>D. I. Dempsey md</u>		(Degree or title) _____		23b. ADDRESS <u>Kennett Mo</u>		23c. DATE SIGNED <u>11-4-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-6-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sedgewickville Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Sedgewickville Mo</u>		
DATE REC'D BY LOCAL REG. <u>11-27-1950</u>		REGISTRAR'S SIGNATURE <u>Carl Hus-band</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Poble Funeral Home</u>		ADDRESS <u>Blytheville Ark.</u>		

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 11-28-50
COUNTY FILE NUMBER 1150-317

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed James R. Stovall

Licensed Embalmer No. 3108

P. O. Address Plymouth

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.