

FILED DEC 4 1950

3019 State File No. 36596

BIRTH NO. 48348-5-A REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 5422 Registrar's No. 134

350

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 admission). a. STATE <u>MO</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett 0350</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>Rural # 3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Parsons Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Judith</u> b. (Middle) <u>Ann</u> c. (Last) <u>Venable</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11-26-1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>July 29, 1950</u>	9. AGE (In years last birthday) <u>4</u>	IF UNDER 1 YEAR Months <u>4</u>	IF UNDER 24 HRS. Days <u></u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (State or foreign country) <u>Kennett MO, R#3</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Tray Venable</u>	13b. MOTHER'S MAIDEN NAME <u>Erma Lebo</u>	14. NAME OF HUSBAND OR WIFE <u>None</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. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Tray Venable</u>	ADDRESS <u>Kennett, Mo. R-3</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>None</u>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>lobar pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	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>490x</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)
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 11-26, 1950 to 11-26, 1950; that I last saw the deceased alive on 11-26, 1950; and that death occurred at 12:01 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>L. C. Wilson M.D.</u> (Degree or title)	23b. ADDRESS <u>Kennett MO.</u>	23c. DATE SIGNED <u>11-27-1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-27-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakridge</u>	24d. LOCATION (City, town, or county) (State) <u>Kennett MO.</u>
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DATE REC'D BY LOCAL REG. <u>11-27-1950</u>	REGISTRAR'S SIGNATURE <u>Carl Husband</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lutz Justice</u>	ADDRESS <u>Kennett, MO.</u>
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RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT.....11-28-50.....
COUNTY FILE NUMBER 1150-315

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.....

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.