

No. 2  
-5-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED DEC 1946**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36563

State File No. \_\_\_\_\_

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 202

**1. PLACE OF DEATH:**  
 (a) County Dunklin  
 (b) City or town Kennett Mo.  
(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 20 Hrs. (Specify whether  
 In this community 20 Hrs. years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo. (b) County Dunklin 35  
 (c) City or town Kennett Mo. 2  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Presnell Hospital 2  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ronnie Lutes  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Nov. 4th 1946  
(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 \_\_\_\_\_

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

MOTHER FATHER { 12. Name Everett J. Lutes  
 13. Birthplace Pacos County Texas  
(City, town, or county) (State or foreign country)  
 14. Maiden name Edna Counts  
 15. Birthplace Panton Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Everett J. Lutes  
 (b) Address Kennett Mo. Gen. Del.

17. (a) Burial (b) Date thereof 11-5-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Hazel Cemetery

18. (a) Signature of funeral director Lentz Service  
 (b) Address Kennett Mo.

19. (a) 11-12-1946 (b) Earl Husband  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 5th  
 year 1946 hour 9 minute 05A. M.  
 21. I hereby certify that I attended the deceased from 11-4, 1946, to 11-5, 1946  
 that I last saw him alive on 11-5, 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Respiratory failure  
 Due to Peritubercle  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration \_\_\_\_\_

Major findings:  
 Of operations \_\_\_\_\_ 159  
 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? 0

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature E. E. Wilson (M. D. or other) MD  
 Address Kennett Mo. Date signed 11-2-46

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

35335

90

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2

District File Number 11-29-46-1381

Date Filed 11-29-46

STATEMENT BY LICENSED EMBALMER

*not embalmed*

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 *Edgar Lee Ford*

Licensed Embalmer No. 4433

P. O. Address Kenett 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.