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MARGIN RESERVED FOR BINDING

WRITE PLAINLY—UNFADING BLACK INK—MAKE A PERMANENT RECORD

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

1939 DEC 13 1939 89

Registration District No. _____ Primary Registration District No. **3007** Registrar's No. **one**

1. PLACE OF STILLBIRTH:

(a) County Baker

(b) City or town Bayou Bluff, Mo.
(If outside city or town limits, write RURAL and name of township)

(c) Name of hospital or institution Bayou Bluff Hospital
(If not in hospital or institution, give street number or location)

(d) Mother's stay before delivery in hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Missouri

(b) County Wendlin

(c) City or town Malden
(If outside city or town limits, write RURAL)

(d) Street No. _____
(If rural, give location)

PRINT

3. Full name of child _____

Sex: Boy

6. Twin or If so—born 1st, triplet 2d, or 3d

7. Number months of pregnancy 9

4. Date of stillbirth 11-18-39
(Month) (Day) (Year)

8. Is mother married? Yes

PRINT FATHER OF CHILD

9. Full name Wilton Jack Rudolph

10. Color or race White

11. Age at time of this birth 43 yrs.

12. Birthplace Arlington, Kentucky
(City, town, or county) (State or foreign country)

13. Usual occupation Cleaner

14. Industry or business Just-Rite Cleaners

PRINT MOTHER OF CHILD

15. Full maiden name Elna Briscenden

16. Color or race White

17. Age at time of this birth 34 yrs.

18. Birthplace Clay City, Illinois
(City, town or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business _____

21. Children born to this mother: (Not including this stillbirth)

(a) How many children of this mother are now living? 2

(b) How many children were born alive but are now dead? 0

(c) How many other children were born dead? 0

22. Mother's usual mailing address Malden, Mo.

23. Did child die before labor? Yes During labor? _____

24. Pregnancy, complications of None

25. Labor: (a) Complications of None (b) Induced? No

26. (a) Was there an operation for delivery? No
(Yes or No)

(b) State all operations, if any _____

(c) Did child die before operation _____ or during operation? _____

27. Cause of stillbirth (state only morbid conditions causing fetal death. Do not use such terms as prematurity, asphyxia, etc.):

(a) Fetal causes Cord around neck, and under each arm - strangulation of cord.

(b) Maternal causes _____

28. I hereby certify that I attended the birth of this child who was born dead at the hour of 2 P.M. on the date above stated.

Signature J. H. Kueber
(Specify if M.D., midwife or other)

Address Poplar Bluff, Mo.

29. (a) Informant W. J. Rudolph

(b) Address Malden, Mo.

30. (a) Burial, cremation, or removal _____ (b) Date _____
(Month Day Year)

(c) Place of burial or cremation Malden, Mo.

31. (a) Signature of funeral director H. L. Crang

(b) Address Malden, Mo.

32. (a) Statement of local registrar or coroner if physician was not present at stillbirth _____

(b) Signature _____ Title _____

33. Date filed with local registrar 11-20-1939

34. Registrar's own signature Oblitainger

