

JAN 12 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

42905

Do not use this space.

1. PLACE OF DEATH

(a) County Benton Registration District No. 89
(b) Township nd Primary Registration District No. 5131
(c) City Poplar Bluff (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred - yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? - yrs. - mos. - ds.

Registered No. 318

2. PRINT FULL NAME

(a) Residence, No. R. F. # 44 Poplar Bluff Mo St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

Stillborn infant of Jack and Lora Hager

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 30, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
stillborn

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poplar Bluff Missouri

FATHER 13. NAME Oscar Franklin Hager

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Corydon Indiana

MOTHER 15. MAIDEN NAME Lora Mae Temple

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Co Missouri

17. INFORMANT (ADDRESS) Oscar F. Hager Poplar Bluff Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE on Lora Mae farm Dec. 31 1939 R. F. # 44 Poplar Bluff Mo

19. FUNERAL DIRECTOR (NAME) (ADDRESS) None

20. FILED 110 1940 W. S. Bailey Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1939, to Dec 30, 1939
I last saw him/her alive on July 30, 1939 Death is said to have occurred on the date stated above, at 7:25 p.m.

The principal cause of death and related causes of importance were as follows:

Still born Date of onset _____

Other contributory causes of importance: Cause unknown

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify W. S. Bailey, M. D.

(Address) Poplar Bluff, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Registered Apprentice No....., working under my personal supervision.

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, above space should be left blank.