

JUL 15 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

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21319

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

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 193

12  
2  
2

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

1. PLACE OF DEATH: Butler  
 (a) County: \_\_\_\_\_  
 (b) City or town: Poplar Bluff - 2  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 904 Grand  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution: \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community: 14 days (Specify whether years, months or days) At H

3. (a) PRINT FULL NAME: Sarah Irene Noth  
 3. (b) If veteran, name war: L  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex: Female  
 5. Color or race: white  
 6. (a) Single, widowed, married, divorced: single  
 6. (b) Name of husband or wife: L  
 6. (c) Age of husband or wife if alive: \_\_\_\_\_ years  
 7. Birth date of deceased: June 15 1940  
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
		<u>14</u>	hr. _____ min. _____

9. Birthplace: Poplar Bluff - Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation: \_\_\_\_\_

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

12. Name: Henry Henry Noth  
 18. Birthplace: Hardy Ark  
(City, town or county) (State or foreign country)

14. Maiden name: Mabel Irene Lambert  
 15. Birthplace: Grandin Mo  
(City, town or county) (State or foreign country)

16. (a) Informant: Mrs. Henry Noth  
 (b) Address: 1821 East Main St. Poplar Bluff

17. (a) Burial (b) Date thereof: 6-29-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation: Woodlawn Cemetery

18. (a) Signature of funeral director: Greer-Crey  
 (b) Address: Poplar Bluff, Mo.

19. (a) 6-29-40 (b) Obertinger  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State: Mo (b) County: Butler  
 (c) City or town: Poplar Bluff  
(If outside city or town limits, write "RURAL")  
 (d) Street No.: 904 Grand  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.: Mo years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month June day 29  
 year 1940 hour 4 minute 10 A M.

21. I hereby certify that I attended the deceased from June 15  
1940 to June 29 1940  
 that I last saw her alive on June 28 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Infant, Premature  
infant, 7 months gestation  
 Due to: Cause of Prematurity unknown

Due to: \_\_\_\_\_  
 Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings: \_\_\_\_\_  
 Of operations: L  
 Of autopsy: L  
 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? 80

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

23. Signature: A. P. Beckman (M.D. or other) MD  
 Address: Poplar Bluff Date signed: Mo

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**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.**