

STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19648

State File No. 17349

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 223

1. PLACE OF DEATH:

(a) County BUTLER
(b) City or town POPLAR BLUFF
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
POPLAR BLUFF HOSPITAL 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

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. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

8. (a) PRINT FULL NAME NANCY CAROL DIAMOND

3. (b) If veteran, name war _____ 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 _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MAY 7 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 13 hr. 45 min.

9. Birthplace POPLAR BLUFF MO 0
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name CARL DIAMOND

13. Birthplace POPLAR BLUFF MO 0
(City, town, or county) (State or foreign country)

14. Maiden name MURIEL CATHERINE MASSEY

15. Birthplace POPLAR BLUFF MO 0
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Carl Diamond
(b) Address RFD #1 Poplar Bluff Mo

17. (a) BURIAL (b) Date thereof MAY 8-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WOODLAWN CEM
18. (a) Signature of funeral director M. J. Phelps
(b) Address Poplar Bluff Mo

19. (a) 5/29/41 (b) Kate Lutz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 1941 hour 11:15 minute _____ P. M.

21. I hereby certify that I attended the deceased from May 7, 1941, to May 7, 1941;
that I last saw her alive on May 7, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth

Due to Premature birth

Due to _____

Other conditions (Include pregnancy within 3 months of death) 154

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature M. J. Phelps (M. D. or other) _____
Address Poplar Bluff Mo Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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.

RECEIVED

District Health Officer No. 2,

District File Number 641-741

Date Filed 6/6/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed N. P. Phelps

Licensed Embalmer No. 3231

P. O. Address Poplar Bluff, 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, above space should be left blank.