No. 2
1-4-41
-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 28 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27885

Registration District No. 89 Primary Registration District No. 3007 Registrar's No. 325

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 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Butler 12
(c) City or town: Neelyville (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: HAZEL MAYRE EMMONS
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: female 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: D
6. (b) Name of husband or wife: c
6. (c) Age of husband or wife if alive: c years
7. Birth date of deceased: Mar (Month) 8 (Day) 1941 (Year)
8. AGE: Years | Months: 5 | Days: 9 | If less than one day: hr. min.
9. Birthplace: Neelyville (City, town, or county) Mo (State or foreign country)
10. Usual occupation: c
11. Industry or business: c
12. Name of father: John Emmons
13. Birthplace of father: Neelyville (City, town, or county) Mo (State or foreign country)
14. Maiden name of mother: Hazel Lambert
15. Birthplace of mother: Leatherwood (City, town, or county) Mo (State or foreign country)
16. (a) Informant: John Emmons
(b) Address: Neelyville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-18-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Roberts Cemy
18. (a) Signature of funeral director: Minnie Gick
(b) Address: Naylor Mo
19. (a) 8-18-41 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17 year 1941 hour J minute M.
21. I hereby certify that I attended the deceased from Aug 12 1941, to Aug 17 1941; that I last saw him alive on Aug 17 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acidosis & dehydration	4 days
Due to: Diarrhea	8 days
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: [illegible] (M. D. or other)
Address: Poplar Bluff, Mo Date signed 8/18/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No.
District File Number 841-116
Date Filed 8-26-41

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 Bryan McCord

Licensed Embalmer No. 4079

P. O. Address Naylor, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.