S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1840

FILED FEB 11 1942

Registration District No. 1942

Primary Registration District No. 3007

Registrar's No. 477

12
7
3

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

Held up to get Birth certificate

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Poplar Bluff Hosp. O.T.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Life (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler 12 7 3

(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")

(d) Street No. Poplar Bluff Hospital
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Baby Wilson

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 O

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec. 18 1941
(Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day 2 hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Clyde Matthew Wilson
13. Birthplace Poplar Bluff O Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Cora Edith Nance
15. Birthplace Butler Co., Mo. O (City, town, or county) (State or foreign country)

16. (a) Informant Clyde Wilson
(b) Address Poplar Bluff, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-18-41 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn — Poplar Bluff, Mo.

18. (a) Signature of funeral director Frank Und Co
(b) Address Poplar Bluff, Mo.

19. (a) 12-20-41 (Date received local registrar) (b) Belle Tinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18
year 1941 hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw her alive on 5:30 A.M. 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Premature (6 Mo pregnancy) | Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 59

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 F. L. Kneibert (M. D. or other) M.D.

Address Poplar Bluff, Mo Date signed 12/18/41

(Licensed Embalmer's Statement on Reverse Side)

FEB 10 1942

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 Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed Scott A. Corbett

Licensed Embalmer No. 2567

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, fact should be so stated above.