

FILED JUN 28 1942
Registration District No.

Primary Registration District No. 3007

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:
West Henry St. 1
(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 Missouri (b) County Butler 12
(c) City or town Poplar Bluff 7
(If outside city or town limits, write "RURAL") 3
(d) Street No. West Henry St.
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
year 1942 hour 10 minute A M.

21. I hereby certify that I attended the deceased from
May 2 1942 to May 3 1942
that I last saw him alive on May 2 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Premature infant
born 4 2

Due to..... 4 mo. term

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death) 159

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..... 0

23. Signature Clifford R. Crow (M. D. or other) 0
Address Poplar Bluff Mo Date signed 5-4-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

3. (a) PRINT FULL NAME Lynda K. Arms ARMES
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 0
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased April 2 1942
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
P hr. min.
9. Birthplace Poplar Bluff Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation.....
11. Industry or business.....
12. Name Freddie K. Arms
13. Birthplace Ripley County Mo. 0
(City, town, or county) (State or foreign country)
14. Maiden name Thelma McIVER McIVER
15. Birthplace Poplar Bluff Mo. 0
(City, town, or county) (State or foreign country)
16. (a) Informant Thomas McIVER McIVER
(b) Address Poplar Bluff Mo.
17. (a) Burial (b) Date thereof May 3, 42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation City Cem.
18. (a) Signature of funeral director Frank Mortuary
(b) Address Poplar Bluff Mo
19. (a) 5-5-42 (b) Belle Kimmel
(Date received local registrar) (Registrar's signature)

72

RECEIVED

District Health Office No. 2,

District File Number 642-756

Date Filed JUN 18 1949

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 *Gooden W. Green*

Licensed Embalmer No. 2984

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17492
Registrar's No. 148

Registration District No. 89

Primary Registration District No. 3007

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:
(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. W. Henry St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Synda K. Armer

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S

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

7. Birth date of deceased May 2-1942
(Month) (Day) (Year)

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

9. Birthplace.....
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name.....

13. Birthplace.....
(City, town, or county) (State or foreign country)

14. Maiden name.....

15. Birthplace.....
(City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

17. (a)..... (b) Date thereof.....
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of General Director.....

(b) Address.....

19. (a) 9-2-42 (b) Belle Kinsale
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Day 3
year 1942 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19.....
that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Due to.....

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?.....

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

23. Signature..... (M. D. or other).....

Address..... Date signed.....

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

MOTHER FATHER

SUPPLEMENTARY

S-17492