

FILED JUN 25 1942

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 184

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 Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 hours
(Specify whether)

In this community ✓
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler 12

(c) City or town Harvill Mo 8
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location) 1

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

If yes, name country

3. (a) PRINT FULL NAME Unnamed Mayer

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
year 1942 hour 10 minute P M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced 9 ✓

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased June 10 - 1942
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6-10 1942 to 6-10 1942
that I last saw him alive on 6-10 1942
and that death occurred on the date and hour stated above.

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

✓ ✓ - - 5 hr. - min.

Immediate cause of death Premature separation of placenta

Due to

9. Birthplace Mo 0
(City, town, or county) (State or foreign country)

Due to

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

10. Usual occupation ✓

11. Industry or business ✓

Major findings: Of operations ✓

Of autopsy ✓

MOTHER FATHER

12. Name Lloyd Alfred Mayer 0

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

14. Maiden name Label Haynes

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

16. (a) Informant Lloyd Alfred Mayer

(b) Address Harvill Mo

17. (a) ✓ (Burial, cremation, or removal) (b) Date thereof 6-10-42
(Month) (Day) (Year)

(c) Place: burial or cremation Cochran Cemetery

18. (a) Signature of funeral director cott family

(b) Address Harvill Mo

19. (a) 6-11-42 (b) Belle Kinn
(Date received local registrar) (Registrar's signature)

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?

(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 P. M. Harrington (M. D. or other) 0

Address Poplar Bluff Mo Date signed 6-10-42

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

2
7
3

RECEIVED

District Health Office No. 2,

District File Number 642-805-

Date Filed JUN 23 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.....

....., 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, fact should be so stated above.