

S. No. 2
M-9-4-41
v. 5-17-39
I X29484

29893

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 280

FILED SEP 16 1942

Registration District No.

Primary Registration District No. 3007

12
3
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: Lucy Reed Hospital
(If not in hospital or institution, write street number and location)

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

In this community: _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Butler

(c) City or town: Malden
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: MARTHA YVONNE HASKINS

3. (b) If veteran, name war: _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug - 1942
day _____ hour _____ minute _____ M.

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
(Day) (Year)

7. Birth date of deceased: 8-8-1942
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 8 to Aug 8, 1942, that I last saw her alive on Aug 8, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Asphyxia neonatorum

Due to: Immaturity - 7 mo.

8. AGE:

Years	Months	Days	If less than one day
			<u>2 hr. 0 min.</u>

Due to: _____

Other conditions: _____
(Include pregnancy within 3 months of death)

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

Due to: _____

10. Usual occupation: _____

11. Industry or business: _____

MOTHER FATHER

12. Name: Guy Haskins Jr

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

14. Maiden name: Birda Richey

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

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 (c) Means of injury

16. (a) Informant: Guy Haskins

(b) Address: Malden

17. (a) Removal: Removal (b) Date thereof: 8-14-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Newbern Tenn

18. (a) Signature of funeral director: Frank Mortuary

(b) Address: Poplar Bluff Mo

19. (a) 8-14-42 (b) Belle Kime
(Date received local registrar) (Registrar's signature)

23. Signature: [Signature] (M. D. or other)

Address: Poplar Bluff Mo Date signed: _____

Duration

1 day

PHYSICIAN

Underline the cause to which death should be charged statistically.

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RECEIVED

District Health Office No. 2,

District File Number 942-1193

Date Filed 9-11-42

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

George W. Green

Licensed Embalmer No. 2964

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.