U. S. No. 2
M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30301

FILED SEP 21 1942

Registration District No. 116 — Primary Registration District No. 3020 — Registrar's No. 76

36 6 29

1. PLACE OF DEATH:

(a) County: Franklin

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

(c) Name of hospital or institution: St. Francis Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 11 hours (Specify whether years, months or days) In this community: 11 hours

2. USUAL RESIDENCE OF DEACESED:

(a) State: Missouri (b) County: Franklin 36

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

(d) Street No.: Union R4 D#2 (If rural, give location)

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

If yes, name country: ✓

3. (a) PRINT FULL NAME: (Unnamed) BABY POHLMANN

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife: none

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

7. Birth date of deceased: August (Month) 24 (Day) 1942 (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day: 11 hr. 0 min.

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

10. Usual occupation: none

11. Industry or business: none

MOTHER FATHER

12. Name: Clifford H. Pohlmann

13. Birthplace: Washington (City, town, or county) Missouri R#2 (State or foreign country)

14. Maiden name: Ruth A. Webb

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

16. (a) Informant: Clifford H. Pohlmann

(b) Address: Union, Missouri R#2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 26, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Union, Missouri

18. (a) Signature of funeral director: Nieburg & Vitt Inc

(b) Address: Washington, Missouri

19. (a) Aug 26-42 (Date received local registrar) (b) Lucille Kuelbe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25 year 1942 hour 4 minute 00 A.M.

21. I hereby certify that I attended the deceased from Aug. 24, 42, 19, Aug 25, 1942, that I last saw him alive on Aug. 25, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Prematurity 6 mo + 15 days gestation — Duration

Due to:

Due to:

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

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. (M. D. or other)

Address: Washington Mo Date signed: 8/26/42

1161 (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, ~~or by~~ Lester H. Vitt, ~~Registered Apprentice No.~~ working under my personal supervision.

Not Embalmed

Signed Lester H. Vitt

Licensed Embalmer No. 3254

P. O. Address Washington, 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.