V. S. No. 2
50M—5-42
Rev. 5-17-39
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36764

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 19 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 1

Primary Registration District No. 3007

Registrar's No. 357

12
7
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: Poplar Bluff O Hosp.
(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
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.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Baby Harris

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

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

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

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Earnest Harris
13. Birthplace Pemiscot Co. O Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Opal Rainwater
15. Birthplace Opine Tenn. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Earnest Harris
(b) Address Malden Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 10-42 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director Frank Mortuary
(b) Address Poplar Bluff Mo

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

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity (6 months) | Duration

Due to Premature separation of the placenta

Due to

Other conditions
(Include pregnancy within 3 months of death)

159

Major findings:
Of operations Abdominal Hysterotomy performed on mother to stop Hemorrhage
~~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) None

(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 C H Porter (M. D. or other)
Address Poplar Bluff, Mo. Date signed 11-11-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1142-1464
Date Filed 11-18-42

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

Signed Grover W Greer

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.