

FILED DEC 8 1942

Registration District No. _____

Primary Registration District No. 2007

State File No. _____

Registrar's No. 376

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 Hospital
(If not in hospital or institution, give street number and location)
(d) Length of stay: In hospital or institution 1 1/2 hrs.
In this community 1 1/2 hrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL.")
(d) Street No. 1 (If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME

Baby Louise Smith

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, infant

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

7. Birth date of deceased November 24, 1942
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 1 hr. 30 min.

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

10. Usual occupation infant

11. Industry or business _____

12. Name Edward Smith

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

14. Maiden name Marie Smith

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

16. (a) Informant Edward Smith
(b) Address Poplar Bluff, Missouri

17. (a) Burial (b) Date thereof 11-25-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Ark.

18. (a) Signature of funeral director Janice in charge
(b) Address _____

19. (a) 11-25-42 (b) Beulah Stinner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24 year 1942 hour 10:45 minute 15 P. M.

21. I hereby certify that I attended the deceased from Nov 24 (3:45 pm) 1942, to 10:45 pm 1942. that I last saw he alive on Nov 24 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth

Due to Placenta previa + uterine hemorrhage from lacerations

Other conditions None
(Include pregnancy within 3 months of death)

Major findings 159

Of operations None

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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 Dr. Kenneth O. _____ (M. D. or other)
Address Poplar Bluff, Mo. Date signed 11-25-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Office No. 2,

District File Number 1242-1531

Date Filed 12-7-42

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.....

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.