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rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JAN 17 1942

Primary Registration District No. 3007

Registrar's No. 406

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 Hosp. O  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks  
(Specify whether

In this community —  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape

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

(d) Street No. 0  
(If rural, give location)

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

3. (a) PRINT FULL NAME Pauline Minnie Davis

3. (b) If veteran. — 3. (c) Social Security name war — No. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26  
year 1942 hour 10:30 minute A. M.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Chas. Davis 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Nov. 3 1917  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-26-18 1942 to 12-26 1942  
that I last saw h. or alive on 12-26 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years 25 Months 1 Days 23 If less than one day hr. — min. —

Immediate cause of death Diphtheria  
Diphtheria

Due to —

Due to —

Other conditions (Include pregnancy within 3 months of death) 61

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

10. Usual occupation Ht Hums

Major findings: —

Of operations —

Of autopsy —

PHYSICIAN —  
Underline the cause to which death should be charged statistically.

11. Industry or business —

12. Name Wm. Baker

13. Birthplace Drum, Mo O  
(City, town, or county) (State or foreign country)

14. Maiden name Edith Niele

15. Birthplace Drum, Mo O  
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. Baker

(b) Address Rt 1 Brasley, Mo

17. (a) Burial (b) Date thereof 12/27/42  
(Month) (Day) (Year)

(c) Place: burial or cremation Fillmo, Mo

18. (a) Signature of funeral director Frank Und Co

(b) Address Poplar Bluff, Mo

19. (a) 12-30-42 (b) Belle Kimmel  
(Date received local registrar) (Registrar's signature)

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) (r) Means of injury —

23. Signature Thos. W. ... (M. D. or other) —  
Address Poplar Bluff, Mo Date signed —

RECEIVED

District Health Office No.

District File Number 143-28

Date Filed 1-4-43

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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

*Scott A. Colwell*

Licensed Embalmer No.

*3567*

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.**