

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

APR 15 1943

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 99

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 Lee Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 48 hrs
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Milford Lee Bazzell, Jr.
 3. (b) If veteran, name war: No.
 3. (c) Social Security No.:

4. Sex: Male
 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: March 21 1943
 (Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 5
 If less than one day hr. min.

9. Birthplace: Rt. # 1 Quilin Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation: infant

11. Industry or business:

MOTHER, FATHER {
 12. Name: Milford Lee Bazzell
 13. Birthplace: Marble Hill Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name: Lorraine Loretta Knotts
 15. Birthplace: Campbell Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant: Milford Lee Bazzell

(b) Address: Quilin, Missouri

17. (a) (Burial, cremation, or removal) Burial (b) Date thereof: Mar. 26, '43
 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Gilead

18. (a) Signature of funeral director: Greer Croy Funeral Ser.

(b) Address: 442 Vine St. Poplar Bluff, Mo.

19. (a) 4-1-43 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Missouri (b) County: Butler
 (c) City or town: Rt. # 1 Quilin (rural)
 (If outside city or town limits, write "RURAL")
 (d) Street No.:
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country: /

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from 3/23 to 3/25/43
 that I last saw him alive on March 25, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage
 Due to: Birth Trauma
 Duration: 3 hrs

Due to: Eclampsia & Convulsions of mother
 Other conditions: 160e
 (Include pregnancy within 3 months of death)

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?

While at work? (Specify type of place) (e) Years of injury:
 23. Signature: J. J. Kinne (M.D. or other) Address: Poplar Bluff Mo. Date signed: 3-26-43

RECEIVED

District Health Office No. 2,

District File Number 443-457

Date Filed 4-12-43

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.....

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.