

V. S. No. 2
SOM-5-42
Rev. 5-17-43
P-I X5273

17768

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

MAILED JUN 10 1943

Registration District No. 286

Primary Registration District No. 5404

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Dunklin

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

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

(d) Length of stay: In hospital or institution..... (Specify whether years, months or days)

In this community..... (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

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

(d) Street No. (if rural, give location)

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

3. (a) PRINT FULL NAME Infant Lightfoot unnamed

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 year 1943 hour 8 minute 2 A.M.

4. Sex Male 5. Color or Race W

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

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

7. Birth date of deceased 1/9 May 9 1943
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 9th 1943, to May 9th 1943; that I last saw him alive on May 9th 1943 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

- - - 8 hr. 0 min.

Immediate cause of death... Prematurity

Due to.....

Due to.....

9. Birthplace Holcomb (Rural) 0
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) 159

10. Usual occupation.....

Major findings: Of operations..... Of autopsy.....

11. Industry or business.....

12. Name Raymond Lightfoot

13. Birthplace Mo 0
(City, town, or county) (State or foreign country)

14. Maiden name Sally Lewis

15. Birthplace Mo 0
(City, town, or county) (State or foreign country)

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?.....

16. (a) Informant Father

(b) Address Holcomb

17. (a) Burial (b) Date thereof May 9 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lloyd Cem.

While at work?..... (Specify type of place) (e) Means of injury.....

18. (a) Signature of funeral director none

(b) Address.....

19. (a) 6-5-43 (b) Mrs. Murt Blankenship
(Date received local registrar) (Registrar's signature)

23. Signature Wallace Selsby (M. D. or other) MD
Address Campbell - Mo. Date signed 7/10/43

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

MOTHER, FATHER

Duration 6 1/2 mo

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 643-758

Date Filed 6-7-43

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.....
....., 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.