

V. S. No. 2
DOM-2-43
v. 5-17-39
-1 X35697

FILED FEB 23 1944

Registration District No. **3007**

Primary Registration District No. **3007**

2
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 Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 hrs (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler **12**

(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL") **3**

(d) Street No. South 8th Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Baby Williamson

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10
year 1944 hour _____ minute _____ M.

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

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

7. Birth date of deceased Jan. 1944
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
				<u>8</u> hr. _____ min.

21. I hereby certify that I attended the deceased from 1-9, 1944, to 1-9, 1944
that I last saw her alive on 1-9, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia neonatorum. **1 1/2 hr.**

Due to Premature birth

Due to Twins.

9. Birthplace Poplar Bluff Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

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

Major findings: **159**
Of operations _____

Of autopsy _____

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

11. Industry or business _____

MOTHER FATHER { 12. Name Frank Williamson

13. Birthplace Butler County Missouri 0
(City, town, or county) (State or foreign country)

14. Maiden name Helen Brannon

15. Birthplace Butler County Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Williamson

(b) Address Gen. Del. Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof 1-10-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ash Hill Cemetery

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? _____

18. (a) Signature of funeral director Greer Croy

(b) Address Poplar Bluff, Missouri

19. (a) 1-22-44 (b) Belle Turner
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____ (e) Means of injury _____

While at work? _____

23. Signature J. W. Jones (M. D. or other) _____
Address Poplar Bluff, Mo. Date signed 1-12-44

RECEIVED

District Health Office No. 2,

District File Number 244-215

Date Filed 2-3-44

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.