

S. No. 2
OM-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Prueemel
24583
State File No.

FILED AUG 9 1944

Registration District No. 80944

Primary Registration District No. 3019

Registrar's No. 92

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Senath, Mo.
(If outside city or town limits, write "RURAL" and name of township)

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

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

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

(c) City or town Senath
(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 _____

3. (a) PRINT FULL NAME JOANITA EUGENE SEWARD

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 - 30 day
year 1944 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from 5-26 1944 to 5-30 1944
that I last saw h. ER alive on 5-30 1944
and that death occurred on the date and hour stated above.

4. Sex F | 5. Color or race W

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

6. (b) Name of husband or wife EARL

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased JAN 8 1913
(Month) (Day) (Year)

Immediate cause of death Placental Separation Duration 5 days

Due to Post-Partum 4 day

8. AGE: Years Months Days If less than one day
31 4 22 hr. min.

Due to 149 lb

Other conditions pregnancy full-term
(Including pregnancy within 3 months of death)
Placenta previa

9. Birthplace TEXAS
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

Major findings: Cesarian Section
Of operations Dead baby

Of autopsy _____

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

11. Industry or business _____

12. Name ROSS EUGENE CRENSHAW

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

14. Maiden name ZELMA WILLIAMS

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

16. (a) Informant EARL SEWARD

(b) Address SENATH, MO

17. (a) Burial (b) Date thereof 6 1 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SENATH MO

18. (a) Signature of funeral director McDaniel funeral dir

(b) Address Senath, mo

19. (a) 7-4-44 (b) Julia Blum
(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) 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? _____

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 7-4-44 (b) Julia Blum
(Date received local registrar) (Registrar's signature)

While at work? no (Specify type of place) (e) Means of injury _____

23. Signature D. Prueemel (M. D. or other) M.D.
Address Senath Mo Date signed 7-3-44

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

35
925

RECEIVED

District Health Office No 2,

District File Number 844-1056

Date Filed 8-4-44

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signature W. J. M. Gault

Licensed Embalmer No. 7093

P. O. Address Senato 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.