

FILED OCT 17 1944

Registration District No. 7204

Primary Registration District No. 3007

Registrar's No. 311

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 Hos.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stoddard
 (c) City or town Dexter, Mo. Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. 9
(If rural, give location)
 (e) Citizen of foreign country? 1 (Yes or No)
 If yes, name country 1

3. (a) PRINT VERNON ESTEL CARNER II
FULL NAME

3. (b) If veteran, name war ---
 3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22nd
 year 1944 hour 7:30 minute P. M.

21. I hereby certify that I attended the deceased from 9-18, 1944, to 9-22, 1944,
 that I last saw him alive on 9-22, 1944,
 and that death occurred on the date and hour stated above.

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

Immediate cause of death
Respiratory paralysis
 Duration 5 days

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

Due to Head injury during forceps delivery.
 Due to ---

9. Birthplace Dexter, Mo. Route A
(City, town, or county) (State or foreign country)

Other conditions
(Include pregnancy within 3 months of death)

10. Usual occupation ---

Major findings:
 Of operations 160e

11. Industry or business ---

MOTHER FATHER { 12. Name Vernon Estel Carner
 13. Birthplace Mo.
 14. Maiden name Mildred Gosnell
 15. Birthplace Dexter, Mo. Route D
(City, town, or county) (State or foreign country)

Of autopsy ---
 PHYSICIAN ---
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Blanche Gosnell
 (b) Address Dexter, Mo.

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof 9-23-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Dexter, Mo.

(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 Chiles Und. Co.
 (b) Address Bloomfield, Mo.

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

19. (a) 9-28-44 (b) Belle Kinne
(Date received local registrar) (Registrar's signature)

23. Signature J. W. Fonda (M. D. or other)
 Address Poplar Bluff, Mo. Date signed 9-26-44

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

RECEIVED

District Health Office No. 2,

District File Number 1044-135

Date Filed 10-11-44

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.

Signed Infant was not embalmed.

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.