

S. No. 2
M-9441
v. 5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

35497

State File No. _____

FILED NOV 10 1944

Registration District No. 341

Primary Registration District No. 6152a

Registrar's No. 49

1. PLACE OF DEATH:

(a) County **Stoddard**
(b) City or town **Rural Liberty Twp.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) **1**
(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 **Stoddard**
(c) City or town **Rural** (If outside city or town limits, write "RURAL") **103**
(d) Street No. **RFD #1 Dexter, Mo.** (If rural, give location) **3**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Sherrye LaDon Register**

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

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

7. Birth date of deceased **August 22 1944**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
x x 14 hr. min.

9. Birthplace **Poplar Bluff Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Infant**

11. Industry or business _____

12. Name **Henry C. Register**

13. Birthplace **Clarindon Ark.**
(City, town, or county) (State or foreign country)

14. Maiden name **Hazel Coleman**

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

16. (a) Informant **Mrs. Henry C. Register**
(b) Address **Dexter, Mo.**

17. (a) **Burial** (b) Date thereof **9-9-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ezell Cemetery**

18. (a) Signature of funeral director **Blankenship-Strickland**
(b) Address **Dexter, Mo.**

19. (a) **10-7-44** (b) **Nora Smith**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **8** year **1944** hour **8** minute **04** M

21. I hereby certify that I attended the deceased from **Did not attend baby, it was dead when I arrived there**
that I last saw h. _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **From information they gave, I diagnosed it as Bronchial Pneumonia** Duration _____
Due to _____

Due to _____
Other conditions **107**
(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? _____

(Specify type of place)
While at work? **At home** (e) Means of injury **220**
23. Signature **J.P. Gorman** (M.D. or other) _____
Address **Dexter** Date signed **9/15/44**

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

003

MOTHER FATHER

113

RECEIVED

District Health Office No. 2,

District File Number 1144-1487

Date Filed 11-6-44

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.....

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.