

S. No. 2
M-5-42
7-5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1807
Registrar's No. 3807

FILED FEB 15 1945
Registration District No. 173

Primary Registration District No. 3007

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: Lucy Lee Hosp
(If not in hospital or institution, write street number or location)

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

In this community 0
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

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

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mr. named Jolly

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27
year 1945 hour 2:00 minute 0 M.

21. I hereby certify that I attended the deceased from Jan. 27
1945 to Jan. 29 1945

that I last saw her alive on Jan. 27 1945
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 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 7 years 27 (Day) 1945 (Year)

7. Birth date of deceased Jan 27 1945
(Month) (Day) (Year)

Immediate cause of death Respiratory failure Duration 1 da

Due to Premature infant

Due to

8. AGE: Years Months Days If less than one day 7 hr. 0 min.

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

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.

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name Paul J. Jolly

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

14. Maiden name Wretha Hawthorn

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

16. (a) Informant Paul J. Jolly

(b) Address Fiske, Mo

17. (a) Burial (b) Date thereof 1-27-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fiske Mo

18. (a) Signature of funeral director M. J. Shan

(b) Address Fiske Mo

19. (a) 1-31-45 (b) Belle Kinn
(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)

(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?

While at work (Specify type of place) (e) Means of injury 0

23. Signature P. J. Jolly (M. D. or other)

Address Poplar Bluff Mo Date signed 1/31/45

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RECEIVED

District Health Office No. 2,

District File Number 245-182

Date Recd. 2-7-45

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.