

FILED JUL 23 1945

Registration District No.

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 Paplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Brandon
(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 Fetus
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler 17
(c) City or town Paplar Bluff 7
(If outside city or town limits, write "RURAL")
(d) Street No. 3
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Jacqueline Ann Pierce

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

4. Sex ♀ 5. Color or race C. 6. (a) Single, widowed, married, divorced. 1
6. (b) Name of husband or wife. ✓ 6. (c) Age of husband or wife if alive. years

7. Birth date of deceased 7-3-45
(Month) (Day) (Year)

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

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

10. Usual occupation Fetus - Premature

11. Industry or business.

12. Name Robert C. Pierce

13. Birthplace Pine Bluff Ark.
(City, town, or county) (State or foreign country)

14. Maiden name Edith Mae Magness

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

16. (a) Informant mother

(b) Address Paplar Bluff Mo

17. (a) Burial (b) Date thereof 7-5-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cem.

18. (a) Signature of funeral director Frank Cottrell

(b) Address Paplar Bluff Mo.

19. (a) 7-10-45 (b) Della Kimmel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 (July) day 10
year 1945 hour 11 minute 30 A. Mo

21. I hereby certify that I attended the deceased from July 3 1945 to July 3 1945
that I last saw her alive on July 3 and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia
Dysphilia

Due to Dysphilia

Due to on only

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

Major findings: Fetus - Premature
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?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
City or town County State

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

23. Signature W. M. Kimmel (M. D. or other)
Address Paplar Bluff Mo. Date signed 7-10-45

RECEIVED

District Health Office No. 2,

District File Number 745-977

Date Filed 7-23-45

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.....

Not embalmed
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Chas W Green*

Licensed Embalmer No. *2964*

P. O. Address *Poplar Bluff, 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.