S. No. 2
M—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 12 1946

Registration District No. 4

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3007

Dr Brannon

State File No. 40672

Registrar's No. 379

**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: Brannon Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 Day (Specify whether years, months or days)
In this community:

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Butler 12

(c) City or town: Poplar Bluff 7
(If outside city or town limits, write "RURAL")

(d) Street No.: 804 Alice Street 3
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: Charles Ammons

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Male 2

5. Color or race: Negro

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

6. (b) Name of husband or wife: None

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

7. Birth date of deceased: December 25th 1945 (Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 0 | 0 | 1 | 20 hr. 40 min. |

9. Birthplace: Poplar Bluff, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation: None

11. Industry or business: None

FATHER
12. Name: Unknown
13. Birthplace: Unknown 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mayziner Ammons
15. Birthplace: Unknown 4
(City, town, or county) (State or foreign country)

16. (a) Informant: William Taft Rattler
(b) Address: Poplar Bluff, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/28/45 (Month) (Day) (Year)
(c) Place: burial or cremation: City Cemetery

18. (a) Signature of funeral director: Frank- Cotrell Chapel
(b) Address: Poplar Bluff, Missouri

19. (a) ~~12-28-45~~ (Date received local registrar) (b) [illegible] (Registrar's signature)

12-28-45, 422 (Licensed Embalmer's Statement on Reverse Side)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month: Dec. day: 26
year: 1945 hour: 7 minute: 30 A.M.

21. I hereby certify that I attended the deceased from Dec. 25, 1945 to Dec. 26, 1945
that I last saw him alive on Dec. 26, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death: Premature Labor

Due to: Premature Separation

Due to: of Placenta

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

Major findings:
Of operations:

Of autopsy: 12

Duration

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?
While at work? (specify type of place) (e) Means of injury:

23. Signature: [illegible] (M. D. or other)
Address: Poplar Bluff Mo. Date signed: 12-28-45

RECEIVED
District Health Office No. 2,
District File Number 146-81
Date Filed 1-10-46

**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 Howard L. Rodgers

Licensed Embalmer No. 4386

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.**