

S. No. 2
M-5-43
5-17-39
I X3667

State File No. _____
Registrar's No. 8

FILED JAN 21 1946
Registration District No. 73

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: Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)

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

In this community Life
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Lavetta Jane Bomar

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F / 5. Color or race W

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 Jan 2 1946
(Month) (Day) (Year)

| 8. AGE: | | | If less than one day |
|---------|--------|----------|----------------------|
| Years | Months | Days | |
| | | <u>1</u> | hr. _____ min. |

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name John Bomar

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

14. Maiden name Maxine Higgins

15. Birthplace Tulsa Oklahoma
(City, town, or county) (State or foreign country)

16. (a) Informant John Bomar

(b) Address Poplar bluff, Mo.

17. (a) Burial (b) Date thereof 1/7/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Greer Croy & Fitch

(b) Address Poplar Bluff, Mo.

19. (a) 1/8/46 (b) PH Newsham
(Date received local registrar) (Registrar's signature)

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. Route 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Jan day 3
year 1946 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from 1-2, 1946, to 1-3, 1946.
that I last saw her alive on 1-3, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia neonatorum
Due to Unknown

Duration 1 day

Other conditions _____
(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? _____

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

23. Signature J. W. Honda (M. D. or other) _____
Address Poplar bluff, Mo. Date signed 1-7-46

RECEIVED

District Health Office No. 2,

District File Number 146-116

Date filed 1-15-46

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 Wallace N. Fitch

Licensed Embalmer No. 3859

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.