

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 266

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

(d) Length of stay: In hospital or institution 8 hrs (Specify whether: _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12

(c) City or town Quilin 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

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

If yes, name country _____

3. (a) PRINT FULL NAME UNNAMED SMITH INFANT

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 7

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 24 1946
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Walter Lee Smith

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

14. Maiden name Mildred Wright

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

16. (a) Informant Violet Smith

(b) Address Quilin Mo.

17. (a) Burial (b) Date thereof 7-25-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Quilin, Mo.

18. (a) Signature of funeral director Landers Funeral Home
(Specify type of place)

(b) Address Campbell Missouri

19. (a) 8/13/46 (b) PA Munnick
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1946 hour _____ minute 10:00 p.m.

21. I hereby certify that I attended the deceased from July 24 1946 to July 27 1946
that I last saw her alive on July 24 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Athetosis of Newborn

Due to Premature birth (6mo)

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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? _____

23. Signature Fred D. ... (M. D. or other) _____

Address Poplar Bluff, Mo. Date signed 8-7-46

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Office No. 2

District File Number 846-1019

Date Filed 8-26-46

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.....

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.