S. No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 13 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33197

Registration District No. 104 Primary Registration District No. 5418 Registrar's No. 32

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Malden Air Field
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home /
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State None (b) County none 35

(c) City or town None
(If outside city or town limits, write "RURAL")

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

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

If yes, name country .....

3. (a) PRINT FULL NAME Un Named Medlin Baby

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 — 0

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

7. Birth date of deceased October (Month) 22 (Day) 1946 (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day — hr. 15 min.

9. Birthplace M. a. a. F. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Infant

11. Industry or business Infant

FATHER
12. Name Everett Leon Medlin 0
13. Birthplace New Madrid (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Lois E. Borah 0
15. Birthplace Leachville (City, town, or county) Arkansas (State or foreign country)

16. (a) Informant Everett Leon Medlin
(b) Address Malden Air Field

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-22-46 (Month) (Day) (Year)
(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director None
(b) Address .....

19. (a) 10-22-46 (Date received local registrar) (b) J. G. Schuman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22nd year 1946 hour 7.20 am minute ..... M.

21. I hereby certify that I attended the deceased from 7 am Oct 22, 1946, 19..., to 7 20 am, 1946 that I last saw her alive on 10/22/46, 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: invisible abortion about 6 months.	
Due to: fetus not viable expired in 20 minutes	
Due to: after birth	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 15 9	
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? ..... (Specify type of place)

While at work? ..... (e) Means of injury 0

23. Signature S. M. Bailey (M. D. or other) .....

Address Malden, Mo Date signed 10/22/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 1146-1300
Date Filed 11-7-46

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.