

S. No. 2
-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 7 1947
Registration District No. 43

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 3007

State File No. 39766
Registrar's No. 408

1. PLACE OF DEATH
(a) County Butler
(b) City or town Poplar Bluff Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Brandon 0
(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 Mo. (b) County Butler 12
(c) City or town #1 Greelyville Mo. 0
(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 None
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12-17 day _____
year 1946 hour 3 minute 35 A.M.
21. I hereby certify that I attended the deceased from 12-16, 1946 to 12-17, 1946
that I last saw her alive on 12-17-46, 1946
and that death occurred on the date and hour stated above.

4. Sex 2 / 5. Color or race W. 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 12-16-46
(Month) (Day) (Year)

Immediate cause of death _____
Prematurity.
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

8. AGE: Years _____ Months _____ Days _____ If less than one day 5 hr. 35 min.
9. Birthplace Poplar Bluff Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation _____

Major findings:
Of operations 159
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____
12. Name Raymond Elmer McQuinn
13. Birthplace Clay Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Alexander
15. Birthplace Clay Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. McQuinn
(b) Address #1 Greelyville, Mo.
17. (a) Burial (b) Date thereof 12-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Carrington Ark
18. (a) Signature of funeral director W. H. Jolley
(b) Address Carrington, Ark.
19. (a) 12/27/46 (b) Edmond
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(c) 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) (c) Means of injury 0
23. Signature K. P. Currie M.D. (M. D. number) _____
Address Poplar Bluff, Mo. Date signed 12-25-46

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

35

RECEIVED
District Health Office No. 2,
District File Number 1246-151
Date Filed 12-31-46

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.