

U. S. No. 2
FORM-5-43
Rev. 5-17-39
I X38671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. 113

FILED MAR 28 1947

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

3. (a) PRINT FULL NAME Jerry Lynn Head

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased March 11th 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
11 hr. 1 min.

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

10. Usual occupation Child

11. Industry or business.....

MOTHER FATHER { 12. Name Raymond Franklin Head

{ 13. Birthplace Butler County Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name Olive Hendrickson

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

16. (a) Informant Raymond Franklin Head

(b) Address Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof 3-12-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Frank-Cotrell Chapel

(b) Address 412 Vine St. Poplar Bluff, Mo.

19. (a) 3/6/47 (b) R. H. Minchell
(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..... (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12th
year 1947 hour..... minute..... M.

21. I hereby certify that I attended the deceased from 3-11, 1947 to 3-12, 1947
that I last saw him alive on 3-11, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia Neonatorum
Prematurity

Due to.....

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?.....

While at work?..... (Specify type of place)
(c) Means of injury 0

23. Signature J. W. Franks (M. D. or other)
Address Poplar Bluff, Mo. Date signed 3/12/47

35

RECEIVED

District Health Office No. 2,

District File Number 347-#4

Date Filed 3-25-47

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 *James W. Green*

Licensed Embalmer No. 2964

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.