S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1947

Registration District No. 43

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3007

State File No. 20216

Registrar's No. 234

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: 0
Brandon Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Day (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 ~~724 Mill St.~~ Poplar Bluff 7
(If outside city or town limits, write "RURAL")

(d) Street No. 724 Mill St. 3
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Linda Maria Trail

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 14 (Day) 1947 (Year)

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

9. Birthplace Poplar Bluff (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Child.

11. Industry or business

FATHER
12. Name William N. Trail 0
13. Birthplace Troy (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Dorothy Mae Adams
15. Birthplace Wellsville (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant William N. Trail
(b) Address Poplar Bluff, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-23-47 (Month) (Day) (Year)
(c) Place: burial or cremation Troy, Missouri

18. (a) Signature of funeral director Frank-Cotrell Chapel
(b) Address Poplar Bluff, Missouri

19. (a) 6/10/47 (Date received local registrar) (b) R. W. Minetree (Registrar's signature) 35

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1947 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from MAY 14, 1947, 19 to MAY 22, 1947, 19;
that I last saw her alive on MAY 22, 1947, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Respiratory Failure

Due to Prematurity - 6½ Mos.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 Kenneth P. Currie M.D. (M. D. or other)
Address Poplar Bluff MO Date signed 6-4-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 647-855-
Date Filed 6-16-47

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.

Not Embalmed

Signed George 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.