

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED OCT 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

A-Can
Dr. W. B. ...
State File No. 30837
Registrar's No. 236

Registration District No. 107

Primary Registration District No. 3019

1. PLACE OF DEATH:

(a) County Dunklin Co.
(b) City or town Pennett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pennett Hospital 2 weeks
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community..... Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pennett
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 4 1/2 West mi West Hwy. Mo.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Joyce Maylene Lammie

3. (b) If veteran, name war..... 3. (c) Social Security No. 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29 year 1947 hour 9 minute 30 p. M.

21. I hereby certify that I attended the deceased from 9-16, 1947, to 9-29, 1947, that I last saw her alive on 9-29, 1947, and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married divorced Single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years (Day) (Year)

Immediate cause of death Starvation Duration

7. Birth date of deceased Sept 16 1947
(Month) (Day) (Year)

Due to Pre-maturity

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

Due to.....

9. Birthplace Pennett Mo.
(City, town, or county) (State or foreign country)

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

10. Usual occupation Baby

Major findings: Of operations..... 154

11. Industry or business

Of autopsy.....

12. Name William F. Lammie

PHYSICIAN Underline the cause to which death should be charged statistically.

13. Birthplace Center Ridge Ark.
(City, town, or county) (State or foreign country)

14. Maiden name Delora Jennings

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

16. (a) Informant William F. Lammie

(b) Address Bragg City Mo.

17. (c) Burial (Burial, cremation, or removal) (b) Date thereof Sept 30 1947
(Month) (Day) (Year)

(c) Place: burial or cremation Little prairie cemetery

18. (a) Signature of funeral director Caruthersville Mo.
(b) Address Caruthersville Mo.

19. (a) 10-3-1947 (Date received local registrar) (b) Earl H. ... (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
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) (a) Means of injury.....

23. Signature E. H. Wilson (M. D. or other) MD
Address Pennett Mo. Date signed 10-1-47

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

RECEIVED

Dist. of Iowa License No.

District File Number 10-47-12

File Filed 10-6-47

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{not} was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Noel C Deau

Licensed Embalmer No. 3941

P. O. Address Caruthersville
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.