

National Office of Vital Statistics

State File No. ....

FILED OCT 7 1947  
Registration District No. ....

Primary Registration District No. 5906 4396

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Pemiscot  
(b) City or town wardell  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community..... (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Pemiscot  
(c) City or town wardell  
(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 Milbert Daniel

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

4. Sex male 5. Color or race col. 6. (a) Single, widowed, married, divorced. Infant  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased. Aug 20 1947  
(Month) (Day) (Year)

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

9. Birthplace wardell mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business.....

12. Name Pink Daniel

13. Birthplace Morton Miss.  
(City, town, or county) (State or foreign country)

14. Maiden name Miller Ward

15. Birthplace Cantersville mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Pink Daniel

(b) Address wardell mo

17. (a) Burial (b) Date thereof 9-23-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation wardell

18. (a) Signature of funeral director Friend

(b) Address.....

19. (a) 9-25-47 (b) Mrs. H. Gullett  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 21  
year 1947 hour 3 minute P. M.

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

Immediate cause of death unknown as this child died suddenly without medical attention

Due to.....  
Due to.....

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

Major findings: Of operations..... None

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)

(e) Means of injury.....

23. Signature Jack Kelly Crow (M. D. or other)

Address Ray mo Date signed 9-22-47

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

10-47-282

**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.