

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37605

State File No.

FILED NOV 21 1947

Registration District No. 109

Primary Registration District No. 4180

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Campbell
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(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 Dunklin
(c) City or town Campbell
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME Brenda Joyce Pool

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced: _____

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

7. Birth date of deceased: October 30 1947
(Month) (Day) (Year)

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

9. Birthplace: Campbell Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: _____

11. Industry or business: _____

MOTHER FATHER

12. Name: William C. Pool

13. Birthplace: Campbell Missouri
(City, town, or county) (State or foreign country)

14. Maiden name: Alma Lynne Sanders

15. Birthplace: Campbell Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant: Verda Pool

(b) Address: Campbell, Mo

17. (a) Burial (b) Date thereof: 11-2-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Woodlawn

18. (a) Signature of funeral director: Lander Funeral Home
While at work: _____ (Specify type of place)

(b) Address: Campbell Mo

19. (a) 11/15/47 (b) Mrs. Beulah Campbell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31st year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 10/30, 1947, to 10/31, 1947; that I last saw her alive on 10/31 and that death occurred on the date and hour stated above.

Immediate cause of death: Prematurity
Due to: (6 1/2 mos gestation)
Due to: _____
Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 159
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? _____

23. Signature: W. J. Rutledge (M. D. or other) MD
Address: Campbell, Mo Date signed: 11/13/47

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

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

RECEIVED

District No.

District No. 2

District File Number

1147-1425

Date Filed

11-19-47

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 Not Embalmed

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.