S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41003

FILED DEC 31 1947

Registration District No. 473 Primary Registration District No. 3007 Registrar's No. 433

12
7
3

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

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff, Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 209 A. South Broadway (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community Lifetime.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Butler 12
(c) City or town Poplar Bluff Mo (If outside city or town limits, write "RURAL") 7
(d) Street No. 209 A. South Broadway (If rural, give location) 3
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME William Robert Doom
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Dec. 26, 1918 (Month) (Day) (Year)

8. AGE: Years 28 Months 11 Days 22 If less than one day ..... hr. ..... min.

9. Birthplace Poplar Bluff, Mo (City, town, or county) (State or foreign country) 0
10. Usual occupation Inspector
11. Industry or business Nat. Lead Co.
FATHER
12. Name Clarence Doom
13. Birthplace Bernie, Mo (City, town, or county) (State or foreign country) 0
MOTHER
14. Maiden name Myrel Bagby
15. Birthplace Poplar Bluff, Mo (City, town, or county) (State or foreign country) 0
16. (a) Informant Mrs Mayme Doom
(b) Address Poplar Bluff, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-20-47 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn—Poplar Bluff, Mo
18. (a) Signature of funeral director Frank Cotrell
(b) Address Poplar Bluff, Mo
19. (a) 12/20/47 (Date received local registrar) (b) R. Monteiro (Registrar's signature) 3 d

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18 year 1947 hour 1:05 minute A. 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 Hypostatic Pneumonia

Due to Severed spinal cord level of 5th cervical with complete paralysis.

Due to auto accident 10½ months ago.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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

200c

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) 0
While at work? (e) Means of injury

23. Signature Hardin O. Henrickson M.D. (M.D. or other)
Address ~~Poplar Bluff~~ Poplar Bluff Mo Date signed 12-19-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

OCT 10 1949

RECEIVED
District Health Office No. 2,
District File Number 1247-1646
Date Filed 12-29-47

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 John M. Davies, Registered Apprentice No. 487, working under my personal supervision.

Signed Grover W. Greer

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.