

No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 29 1948 43

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28998

Registration District No. Primary Registration District No. 3007 Registrar's No. 319

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:
S. 11th street
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler
(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No. S. 11th street
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jimmy Dale Burch

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased Sept. 13, 1948
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 1 If less than one day hr. min.

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

10. Usual occupation infant

11. Industry or business 9

MOTHER FATHER { 12. Name Not available

13. Birthplace not known (State or foreign country)

14. Maiden name Mary Pearce (State or foreign country)

15. Birthplace Butler County, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mary Burch (b) Address Poplar Bluff Mo.

17. (a) Burial (b) Date thereof 9-15-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Black Creek

18. (a) Signature of funeral director Greer Croy & Fitch

(b) Address Poplar Bluff, Mo.

19. (a) 9-25-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. 14, 1948
year 11 hour 30 minute a.M.

21. I hereby certify that I attended the deceased from 13 Sept.
1948 to 14 Sept., 1948
that I last saw him alive on 14 Sept 48, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Not known Duration

Due to Believed there was circulatory disturbance with respiratory impairment because of embolism in the amniotic fluid. It was so heavy it appeared as if it were cement material with a very disagreeable odor.
Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN Major findings: Operative
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) Accident
(b) Date of occurrence 158
(c) Where did injury occur? Poplar Bluff, Mo.
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? (e) Signature [Signature] (M. D. or other)
(f) Address Poplar Bluff, Mo. Date signed 16 Sept 48

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

RECEIVED

District Health Office No. 2,

District File Number 948-1228

Date Filed 9-27-48

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.