

FILED JUN 5 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17723

Registration District No. 289

Primary Registration District No. 4173

Registrar's No. 1216

1. PLACE OF DEATH: Dunklin
 (a) County Dunklin
 (b) City or town Malden
 (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 _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County DeKalb
 (c) City or town Malden 1
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location) 0
 (e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME McGill Infant
 3. (b) If veteran, name war ✓ 3. (c) Social Security No. _____
 4. Sex Female 5. Color or race N. 6. (a) Single, widowed, married, divorced ✓(C)
 6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years
 7. Birth date of deceased May 19 1941
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 19
 year 1941 hour 16 minute 45 P. M.
 21. I hereby certify that I attended the deceased from May 6
 _____, 1941, to May 6, 1941
 that I last saw her alive on May 6/41, 1941;
 and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days _____ If less than one day
4 hr. 30 min.

Immediate cause of death Sudden Baby
 Due to _____
 Due to _____
 Other conditions _____
 (include pregnancy within 3 months of death)

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

10. Usual occupation _____
 11. Industry or business _____
 MOTHER FATHER { 12. Name Claud H McGill
 13. Birthplace Malden Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Leta Burdus
 15. Birthplace East Prairie Mo
 (City, town, or county) (State or foreign country)
 16. (a) Informant C. H. McGill
 (b) Address Malden Mo
 17. (a) Burial (b) Date thereof 5-20-1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Malden Mo
 18. (a) Signature of funeral director W. E. Craig
 (b) Address Malden Mo
 19. (a) 5-20-41 (b) S. S. Mitchell
 (Date received local registrar) (Registrar's signature)

Major findings: _____
 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?
210 S (Specify type of place)
 While at work? ✓ (e) Means of injury ✓
 23. Signature Suzanne Labron
 Address Malden Date signed May 20/41

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

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

RECEIVED

District Health Officer No.

District File Number 641-70

Date Filed 6/4/41

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 complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.