

0. 2  
4-41  
7-39  
X26390

FILED DEC 12 1941

Registration District No. 2821

Primary Registration District No. 4166

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Dunklin Mo

(b) City or town Campbell Mo  
(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 Mo (b) County Dunklin Mo

(c) City or town Campbell 1  
(If outside city or town limits, write "RURAL") 0

(d) Street No. 0 (If rural, give location) 0

(e) Citizen of foreign country? - (Yes or No)

If yes, name country -

3. (a) PRINT FULL NAME Jimmy Earl Cartwright

3. (b) If veteran, name war -

3. (c) Social Security No. -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28<sup>th</sup>  
year 1941 hour 6<sup>07</sup> minute a .M.

4. Sex Male

5. Color or race W.

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive ✓ years 27 41

7. Birth date of deceased Oct 27 41  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct. 24<sup>th</sup>, 1941 to Nov. 26<sup>th</sup>, 1941;  
and that death occurred on the date and hour stated above, Nov. 26<sup>th</sup>, 1941;  
Immediate cause of death Prematurity

8. AGE: Years Months Days If less than one day  
- 1 4 hr. min.

Duration

Due to.....

Due to.....

9. Birthplace Campbell Mo. 10  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 159

10. Usual occupation Infant

PHYSICIAN

Major findings:  
Of operations.....  
Of autopsy.....

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business -

12. Name Stanley Earl Cartwright

13. Birthplace Reubensville 1  
(City, town, or county) (State or foreign country)

14. Maiden name Willa Bell Crapp

15. Birthplace Poplar Bluff Mo. 17  
(City, town, or county) (State or foreign country)

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?.....

16. (a) Informant Stanley E. Cartwright

(b) Address Campbell Mo

17. (a) Poplar Bluff (b) Date thereof Nov 29, 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff

18. (a) Signature of funeral director Walter L. Anderson

(b) Address Campbell Mo

19. (a) Nov 28 - 41 (b) W. Anderson  
(Date received local registrar) (Registrar's signature)

(Specify type of place) While at work?..... (c) Means of injury 0

23. Signature Wallace A. Belton (M. D. or other) MD  
Address Campbell Mo. Date signed 11/28/41

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

RECEIVED

District Health Office No. 2,

District File Number 1241-168

Date Filed 12/11/41

---

---

**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 comply the above constitutes grounds for revocation of license.)**

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