V. S. No. 2
DM—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17491

Registration District No. 89 — Primary Registration District No. 3007 — Registrar's No. 148

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

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4
3

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: Henry Street /
(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 Butler 12

(c) City or town Poplar Bluff 7
(If outside city or town limits, write "RURAL")

(d) Street No. Henry Street 3
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Glenda May Armes

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

4. Sex Female /

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 May (Month) 2 (Day) 1942 (Year)

8. AGE: Years | Months | Days 3 | If less than one day ..... hr. ..... min.

9. Birthplace Poplar Bluff, (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name Freddie Armes
13. Birthplace (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Thelma ~~Le River~~ McIVER
15. Birthplace (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Ben Fredwell
(b) Address Poplar Bluff, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-5-42 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Frank Mortuary
(b) Address Poplar Bluff, Missouri

19. (a) 5-5-42 (Date received local registrar) (b) Belle Rinne (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
year 1942 hour 6 minute A M.

21. I hereby certify that I attended the deceased from May 2, 1942 to May 6, 1942
that I last saw her alive on May 3, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Premature infant Twin — (1st)

Due to 4 mos term

Due to .....

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

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

Duration

PHYSICIAN
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) .....

(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)

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

23. Signature Alfred R. Crowther (M. D. or other)

Address Poplar Bluff Mo Date signed 5-5-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 642—757
Date Filed JUN 18 1942

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.

Not Embalmed

Signed Grover W Green

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.