

FILED JUL 24 1943

Registration District No. 109

Primary Registration District No. 4180

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Campbell Mo. City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home
(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) 1/2

In this community..... (Specify whether years, months or days) 1/2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

(c) City or town Campbell Mo. City
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME (Un Named) Dover Infant

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 0

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

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

7. Birth date of deceased: June - 23 - 43
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

8 hr. min.

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

10. Usual occupation Baby Infant

11. Industry or business.....

12. Name Andrew Dover

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

14. Maiden name Mrs. Dover

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

16. (a) Informant Andrew Dover

(b) Address Campbell Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June - 23 - 43 (Month) (Day) (Year)

(c) Place of burial or cremation 4 mi. N.W. Friends

18. (a) Signature of funeral director Friends

(b) Address Campbell Mo.

19. (a) June 24, 1943 (Date received local registrar) (b) Mrs. L.P. Oliver (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23 year 1943 hour 3 minute 0 P.M.

21. I hereby certify that I attended the deceased from 6/20/43 to 6/23 that I last saw him alive on 6/23 and that death occurred on the date and hour stated above.

Immediate cause of death Pre-natal deformity

Due to Abnormal development of Cranium (Hydrocephalocela)

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 157 M

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?

While at work (Specify type of place) (e) Means of injury.....

23. Signature H. J. Rutledge (M. D. or other) MD
Address Campbell Mo. Date signed 6/24/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

35
0

RECEIVED

District Health Office No. 2,

District File Number 743-269

Date Filed 7-19-43

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.