. S. No. 2
OM—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33811

FILED OCT 23 1947

Registration District No. 13

Primary Registration District No. 3007

Registrar's No. 364

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7
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

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: LUCY LEE HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 DAY (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WAYNE 111

(c) City or town POPLAR BLUFF 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. 1
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME BABY WARD

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced INFANT 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) 18 (Day) 1947 (Year)

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

9. Birthplace POPLAR BLUFF (City, town, or county) MO. (State or foreign country) 0

10. Usual occupation INFANT

11. Industry or business INFANT

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

MOTHER
14. Maiden name MARRIE BENNETT
15. Birthplace PIEDMONT (City, town, or county) MO. (State or foreign country) 0

16. (a) Informant MARRIE WARD
(b) Address PIEDMONT, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 19, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation MASONIC CEM

18. (a) Signature of funeral director Nee Dish
(b) Address Piedmont Mo

19. (a) 10/17/47 (Date received local registrar) (b) R. Minetree (Registrar's signature) 35

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 18
year 1947 hour minute M.

21. I hereby certify that I attended the deceased from May 18, 1947 to May 18, 1947
that I last saw him alive on May 18, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation

Due to Cardiac failure

Due to Congenital Heart (Patent foreamen ovale)

Other conditions
(Include pregnancy within 3 months of death)

See Letter dated October 10, 1947-

Major findings:
Of operations (This birth certificate sent in under the name of Elmer Connie Clark- Should have been under thename of Ward)
Of autopsy

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Local Reg.
(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 A. D. Markel M.D. (M. D. or other)
Address Poplar Bluff Mo. Date signed 10/17/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 047-1369
Date Filed 10-20-47

29043

OCT 25 1947

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 War not Embalmed, Registered Apprentice No.....,
working under my personal supervision.

Signed Marvin E. Bowles

Licensed Embalmer No. 4436

P. O. Address Piedmont, 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.