

REC'D AUG 22 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24867
Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 89
(b) Township Poplar Bluff Primary Registration District No. 5131 Registered No. _____
(c) City _____ (d) Street No. Hwy 67 North of Poplar Bluff St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Bernie, Mo. St. Bernie, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr. Thos. C. Allen
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5, 1912
7. AGE YEARS 66 MONTHS - DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Marble Hill (STATE OR COUNTRY) Missouri

13. NAME Jasper Frymire
14. BIRTHPLACE (CITY OR TOWN) Evansville (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Emma Hudson
16. BIRTHPLACE (CITY OR TOWN) Carmi (STATE OR COUNTRY) Illinois

17. INFORMANT Dr. Thos. C. Allen (ADDRESS) Bernie, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bloomfield, Mo. DATE Aug 12, 1938

19. FUNERAL DIRECTOR Greer-Craig Serv. (ADDRESS) Poplar Bluff, Mo.

20. FILED Aug 12, 1938 O. C. Cutstinger Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9, 1938
I HEREBY CERTIFY, That I attended deceased from Aug 7 - 1938, to Aug 9, 1938. I last saw him alive on Aug 9, 1938. Death is said to have occurred on the date stated above, at 1:10 P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset Aug 7, 1938
59

Other contributory causes of importance: Dilated, Mottled Hypertension

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____

(Signed) J. P. Kuehler, M. D.
89 (Address) Poplar Bluff, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Greene W. Greer, Licensed Embalmer No. 2964

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Greene W. Greer

Licensed Embalmer No. 2964

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.)