

REG'D MAR 15 1939

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

6044
Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 89
(b) Township Poplar Bluff Primary Registration District No. 30075.131 Registered No. 28
(c) City (d) Street No.
(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. 2 1/2 Mi. Henderson Mo. St. (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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF P. J. Inman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 18 - 1848
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
90 11 13
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. AB
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co. O

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 7 9

15. MAIDEN NAME 7 1

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 7

17. INFORMANT (ADDRESS) S. M. Osborn Henderson Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE 3 Springs cem DATE Feb 2 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) N. P. Phelps Poplar Bluff Mo

20. FILED 7/10 19 1939 W. C. Katsinger Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 1st 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 21 1939 to Feb 1 1939
I last saw him alive on that at all Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

Reported to me and from the history I made diagnosis of cerebral aneurysm
Other contributory causes of importance: an 1/21/39 fell 6 days before and injured leg
Name of operation Date of
What test confirmed diagnosis? radiology Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: 34
Accident, suicide, or homicide? Date of injury 1-21 1939

Where did injury occur? (Specify city or town, county, and State)
Home

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. Beecher M. D.
(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 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, above space should be left blank.