

DEC'D APR 15 1939

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

10222
Do not use this space.

1. PLACE OF DEATH
 (a) County Butler Registration District No. 89
 (b) Township 1 Primary Registration District No. 3007 Registered No. 75
 (c) City Poplar Bluff (d) Street No. _____ St. _____
 (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.
200 Birdia Cox
 2. PRINT FULL NAME
 (a) Residence, No. _____ St. _____ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Walter D. Cox
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 24 1889
 7. AGE YEARS 49 MONTHS 4 DAYS 8 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) (STATE OR COUNTRY) Johnston Co. Ill.
 13. NAME Ed. W. Winters
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnston Co. Ill.
 15. MAIDEN NAME Pendergrass
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnston Co. Ill.
 17. INFORMANT (ADDRESS) W. D. Cox No
 18. BURIAL, CREMATION, OR REMOVAL PLACE Cochran DATE 3-24 39
 19. FUNERAL DIRECTOR Minnie H. Hish (ADDRESS) W. D. Cox No
 20. FILED 3/24 39 Obeltinger Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-22 1939
 22. I HEREBY CERTIFY, That I attended deceased from 2-15 1939, to 3-22 1939
 I last saw him alive on 3-22 1939. Death is said to have occurred on the date stated above, at 2.05 P.m.
 The principal cause of death and related causes of importance were as follows:
Fr. blood tumor, cystitis for which a total hysterectomy was performed
 Date of onset _____
 Other contributory causes of importance: acute dilatation of heart
 Name of operation Hysterectomy Date of 3-25 39
 What test confirmed diagnosis? Exam. of Was there an autopsy? no
 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) Wm. Henschman, M. D.
 (Address) 87th B. Cox No

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
.....L. E.....
No.....or by....., Registered Apprentice No. 4079
working under my personal supervision.
Signed Bryan C. Meard
Licensed Embalmer No.....

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.)