

NOV 21 1939

Registration District No. **89**

Primary Registration District No. **3007**

Registrar's No. **743**

1. PLACE OF DEATH:
(a) County Butter **3**
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Poplar Bluff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 days
(Specify whether days, months or days)

In this community Life
years, months or days
8. (a) PRINT FULL NAME Missie E. White
8. (b) If veteran, name war
8. (c) Social Security No. 300

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Thomas S. 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased June 19 1882
(Month) (Day) (Year)

8. AGE: Years 57 Months 3 Days 15 If less than one day hr. min.
9. Birthplace Bullinger Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Home wife
11. Industry or business ?

MOTHER FATHER { 12. Name Anthony Shell **9**
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Bella Mitchell
(b) Address Campbell Mo
17. (a) Burial (b) Date thereof Oct 4 39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Campbell Mo

18. (a) Signature of funeral director Charles Turner
(b) Address Campbell Mo
19. (a) 10-4-1939 Obertseiger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Dunklin
(c) City or town Campbell
(If outside city or town limits, write "RURAL")
(d) Street No. --- (If rural, give location)
(e) If foreign born, how long in U. S. A.? --- years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 4
year 1939 hour 2 minute 40 P. M.

21 I hereby certify that I attended the deceased from September 15, 1939, to October 4, 1939; that I last saw her alive on October 4, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Acute gangrene gall bladder + peritonitis
Due to Gall stones with long time in common duct
Due to ---
Other conditions ---
(Include pregnancy within 3 months of death)

Major findings: Gall stone in common duct + gall stone in gall bladder
Of autopsy ---
Underline the cause to which death should be charged statistically.

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? ---

(Specify type of place) While at work? --- (e) Means of injury ---
23. Signature Wm. Herrschman (M. D. or other)
Address Poplar Bluff Mo Date signed 10-10-39

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.

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3861

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 E. W. Renshaw

Licensed Embalmer No. 2289

P. O. Address Quincy, Ill.

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.