

JAN 12 1940  
Registration District No. 89

Primary Registration District No. 3007

1. PLACE OF DEATH:

(a) County Butler  
(b) City or town Poplar Bluff, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 120 S. C St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 44 Years (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

8. (a) PRINT FULL NAME Hannah Cripps 612

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan. 28, 1855  
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>84</u>	<u>10</u>	<u>6</u>	hr. _____ min.

9. Birthplace Marion County, Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Ruben Metcalf

13. Birthplace Marion Co. Ill.  
(City, town, or county) (State or foreign country)

14. Maiden name Jane Sparling

15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Dick Cripps

(b) Address Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof Dec. 6, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marble Hill

18. (a) Signature of funeral director Greer-Croy Service

(b) Address Poplar Bluff, Mo.

19. (a) 12/6/39 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler  
(c) City or town Poplar Bluff  
(If outside city or town limits, write "RURAL")  
(d) Street No. 120 S. C St  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 4, day \_\_\_\_\_  
1939 year \_\_\_\_\_ hour 7:30 minute \_\_\_\_\_ P. \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Nov 17, 1939, to Dec 4, 1939;  
that I last saw her alive on Nov 17, 1939,  
and that death occurred on the date and hour stated above.

Immediate cause of death Central Apoplexy Duration 11/17/39

Due to Hypertension ?

Due to Generalized Arteriosclerosis ?

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death) [Signature]

Major findings: \_\_\_\_\_ PHYSICIAN \_\_\_\_\_

Of operations \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) MD

Address Poplar Bluff, Mo. Date signed 12/6/39

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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**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.....

*Chas W. Green*

Licensed Embalmer No.....

*2964*

P. O. Address.....

*Topla Bluff*

**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.**