DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10314

Registration District No. 89 Primary Registration District No. 3007 Registrar's No. 53

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: Lucy Lee Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days (Specify whether
In this community 21 years
years, months or days)

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. 103 Center St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME 3007 Emmagene Bell Woodring

3. (b) If veteran, name war ..... 3. (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 Gabriel 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Sept. 9, 1857 (Month) (Day) (Year)

8. AGE: Years 82 Months 5 Days 22 If less than one day ..... hr. ..... min.

9. Birthplace Eddyville, Ky (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Gen. John Heath
13. Birthplace Ky. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace ..... (City, town, or county) (State or foreign country)

16. (a) Informant's own signature B. L. Woodring
(b) Address St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch. 3, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Sparkman Cemetery

18. (a) Signature of funeral director Greer-Croy Service
(b) Address Poplar Bluff, Mo.

19. (a) 3/10/40 (Date received local registrar) (b) O. Clutsinger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch. 1 day ..... year 1940 hour 8:30 minute P M.

21. I hereby certify that I attended the deceased from Feb. 28-1940 ~~March 1~~, 1940, to Mar. 1, 1940 that I last saw her alive on March 1, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Myocardial failure	2/28/40
Due to Chronic Myocarditis	?
Due to gen. arteriosclerosus	?
Other conditions (Include pregnancy within 3 months of death)	

93C

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN — 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 F. L. Kneibert (M. D. or other) M.D.
Address Poplar Bluff Mo Date signed 3/8/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 I X19511

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 Grover W Green

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff Mo

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.