

MAY 13 1944
Registration District No. 89

Primary Registration District No. 2007

1. PLACE OF DEATH:

(a) County BUTLER
(b) City or town POPLAR BLUFF
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUTLER
(c) City or town Poplar Bluff
(If outside city or town limits write "RURAL")
(d) Street No. 412 So 8th (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME LETTIE WILMORE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife WA. WILMORE 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 1st 1868
(Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Lone Lake Merion Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Samuel Hall

18. Birthplace Perry Co Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Christine Martin

15. Birthplace Wells Co Ind
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Dillon B. Hall

(b) Address Hennetta Okla

17. (a) Burial (b) Date thereof Apr 9 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn cem

18. (a) Signature of funeral director N.P. Cheek
(b) Address Poplar Bluff Mo

19. (a) 4/9/40 (b) Ch. Lutzinger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 7
year 1940 hour 6 minute 40 P.M.

21. I hereby certify that I attended the deceased from Jan 14 38
_____, 19____ to Apr 6 _____, 1940
that I last saw her alive on Apr 5 _____, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heart disease
acute decompensation
Due to BB. 2 x 0 / 140

Duration
2 years
2 weeks

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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? _____

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

23. Signature A. B. ... (M.D. or other) _____

Address Poplar Bluff Mo Date signed 4/9/40

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 Ar. T. Phelps
Licensed Embalmer No. 3231
P. O. Address Papier 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.