

S. No. 2
11-10-39
5-17-39
I X2145

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31507

State File No. _____

Registrar's No. 282

REGISTRATION DISTRICT NO. 89

Primary Registration District No. 3007

12
9.25

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
Poplar Bluff Hos
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME MAKOE MENDEL

3. (b) If veteran, name war no

3. (c) Social Security No. _____

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mengel

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 15 1902
(Month) (Day) (Year)

8. AGE: Years 38 Months 7 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Grandin Mo
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name Fritz Dean

13. Birthplace Ohio Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Flora Cook

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

16. (a) Informant Frank D. Hoag

(b) Address Poplar Bluff Mo

17. (a) Burial (b) Date thereof Sept 17 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cem

18. (a) Signature of funeral director Norman W. Kish

(b) Address Poplar Bluff Mo

19. (a) 9-20-40 (b) W. O. Bluminger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Waynes

(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

20. DATE OF DEATH: Month Sept day 15
year 1940 hour 2 minute 30 A M.

21. I hereby certify that I attended the deceased from Sept 10 - 1940
_____ 19 _____ to Sept 15 19 40
that I last saw her alive on Sept 14 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Chronic nephritis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 12/1

Major findings: Of operations _____

Of autopsy _____

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 W. O. Bluminger (M. D. Registrar)
Address Poplar Bluff Mo Date signed 9/20/40

Duration 7 days

Physician _____

Underline the cause to which death should be charged statistically.

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 FM
....., Registered Apprentice No.
working under my personal supervision.

Signed

Norman W. Gish

Licensed Embalmer No. 3387

P. O. Address Redmont 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.