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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31511

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 292

1. PLACE OF DEATH:

(a) County Butler County

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

(d) Length of stay: In hospital or institution 3 hours 1
(Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne

(c) City or town Greenville
(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.

3. (a) PRINT FULL NAME Mrs. Myrtle Soman

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

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

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

8. AGE: 38 Years about 38 | Months | Days | If less than one day hr. min.

9. Birthplace Greenville 0
(City, town, or county) (State or foreign country)

10. Usual occupation housekeeper 0

11. Industry or business 9

FATHER
12. Name Henry Daves
13. Birthplace Greenville Mo
(City, town, or county) (State or foreign country)

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

16. (a) Informant John Daves
(b) Address Greenville

17. (a) Buried
(Burial, cremation, or removal)
(b) Date thereof 9-24-40
(Month) (Day) (Year)
(c) Place: burial or cremation Kime, Ark.

18. (a) Signature of funeral director none
(b) Address

19. (a) 9/30/40
(Date received local registrar)
(b) Oltersinger
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 24
year 40 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from 2 p m 9-24-40, 19__, to 6:45 p m 1940 that I last saw her alive on 9-24-40, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death peritonitis due to ruptured appendix

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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)

8 While at work (e) Means of injury

23. Signature [signature] (M. D. or other) 1

Address Poplar Bluff Mo Date signed 9-24-40

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.