

FILED FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1941

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Bertley
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 3 1/2 months years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Indy (b) County Montgomery
(c) City or town Ladoga 999
(If outside city or town limits, write "RURAL") 121
(d) Street No. unknown (If rural, give location)
(e) If foreign born, how long in U. S. A.? 18 years.

3. (a) PRINT FULL NAME ANNA DAVIS TENER

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 William M. Tener 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 4 1860 (Month) (Day) (Year)

8. AGE: Years 80 Months 9 Days 18 If less than one day hr. min.

9. Birthplace Ladoga Ind (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business homework

MOTHER FATHER { 12. Name Hiram Noble Davis
13. Birthplace Evanville Ind (City, town, or county) (State or foreign country)
14. Maiden name Mary Ann Crutchfield
15. Birthplace unknown Ky. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs W. Y. Chapin
(b) Address Syracuse N. Y.

17. (a) Burial (b) Date thereof Jan 26-41 (Month) (Day) (Year)
(c) Place: burial or cremation Spelman (Bertley)

18. (a) Signature of funeral director Frank Mortuary
(b) Address Poplar Bluff Mo

19. (a) 1/27/41 (b) Kate Lutz (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22 year 1941 hour 7 minute 10 A. M.

21. I hereby certify that I attended the deceased from Oct 25 1940 to Jan 27 1941; that I last saw her alive on Jan 21 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration 1/19/41

Due to _____

Due to _____

Other conditions Fractured Femur 10/25/40 (Include pregnancy within 3 months of death)

Major findings: 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) 170
(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 L. L. Walls (M. D. or other) MD
Address Poplar Bluff, Mo Date signed 1/25/41

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

5-17-39
I X21492

12
39

1954
9/1

1
1954
9/1

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1941
Registrar's No. 27

Registration District No. 89

Primary Registration District No. 3007

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:
(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

3. (a) PRINT FULL NAME Anna Davis Tener

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 wid

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

7. Birth date of deceased: (Month) (Day) (Year)

8. AGE: Years 80 Months 9 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof: (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits write "RURAL")

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

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

20. DATE OF DEATH: Month Jan day 22
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
Fractured femur

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 10-25-40

(c) Where did injury occur? Poplar Bluff, Butler, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? Yes (Specify type of place) _____
(e) Means of injury Fell over
Concrete with white railing

23. Signature E. J. Byrnes (M. D. or other) MD
Address Poplar Bluff, Mo Date signed 4/12/41

Duration 1/19/41

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

