

FD MAR 11 1941 89

Registration District No. 1

Primary Registration District No. 3007

Registrar's No. 58

1. PLACE OF DEATH

(a) County Poplar Bluff
(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 _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Barbara Ann Leach

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 Divorced

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

7. Birth date of deceased Dec. 17, 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months 1 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Poplar Bluff, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Thomas Leach

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

14. Maiden name Agnes Johnson

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

16. (a) Informant John Rhoades

(b) Address Greenville, Mo.

17. (a) Burial (b) Date thereof Feb. 8, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Frank Mortuary

(b) Address Poplar Bluff, Mo.

19. (a) 2/8/41 (b) Kate Lutz
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne
(c) City or town Shack
(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.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7
year 1941 hour 6:45 minute a M.

21. I hereby certify that I attended the deceased from _____ 1941 to Feb 7, 1941;
that I last saw her alive on Feb 7, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial failure

Due to Lobar Pneumonia Left lung 10 days

Due to _____

Other conditions (Include pregnancy within 3 months of death) 10 days

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 C H Porter (M. D. or other) D
Address Poplar Bluff Date signed 1-7-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....
Not embalmed..... 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.