

FILED APP 3 1941 89
Registration District No.

Primary Registration District No. 3007

Registrar's No. 135

1. PLACE OF DEATH: Butter
 (a) County Butter
 (b) City or town Poplar Bluff
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
720 Harper st.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Butter
 (c) City or town Poplar Bluff
 (If outside city or town limit, write "RURAL")
 (d) Street No. 720 Harper
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Alma L. Troupe
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Mar day 9
 year 1941 hour 9 minute 45 P. M.

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from Mar 4, 1941, to Mar 9, 1941;
 that I last saw her alive on Mar 9, 1941;
 and that death occurred on the date and hour stated above.

7. Birth date of deceased Nov. 20 1896
 (Month) (Day) (Year)
 8. AGE: Years 44 Months 3 Days 19 If less than one day hr. _____ min. _____

Immediate cause of death Diabetes Coma Duration 6 hours
 Due to _____
 Due to _____

9. Birthplace unknown Tenn.
 (City, town, or county) (State or foreign country)
 10. Usual occupation School Teacher

Other conditions Diabetes - not known
 (Include pregnancy within 3 months of death)

11. Industry or business _____
 MOTHER FATHER { 12. Name William Freeman
 13. Birthplace unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Beula Friesella
 15. Birthplace unknown
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Denean Sylvester
 (b) Address Albany, Mo.
 17. (a) Burial (b) Date thereof 3/9/41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation City

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? _____

18. (a) Signature of funeral director Frank Mortuary
 (b) Address Poplar Bluff, Mo.
 19. (a) 3/19/41 (b) Kate Lutz, CA
 (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (d) Means of injury _____
 23. Signature Alfred R. Love (M. D. or other) _____
 Address Poplar Bluff, Mo. Date signed 3-9-41

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.....

....., 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.