

Registration District No. 89Primary Registration District No. 3007Registrar's No. 204

1. PLACE OF DEATH:

- (a) County BUTLER
 (b) City or town So. 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 _____
 years, months or days)

3. (a) PRINT FULL NAME LAURA BELLE DEDINGS

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 MAY 13 1875
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
65 11 29 hr. min.9. Birthplace SCOTLAND IND 1
(City, town, or county) (State or foreign country)10. Usual occupation HOUSE WIFE

11. Industry or business _____

12. Name UNKNOWN13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)14. Maiden name UNKNOWN15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. Edna Nickless(b) Address Hibbard Hotel Poplar Bluff17. (a) Burial (b) Date thereof MAY 14 1941
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Ag. Hill Cem.18. (a) Signature of funeral director A. G. Phelps(b) Address Poplar Bluff19. (a) 5/14/41 (b) Kate Lutz
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County BUTLER
 (c) City or town So. POPLAR BLOFF
 (If outside city or town limits, write "RURAL")
 (d) Street No. 312 WILSON ST.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 12
year 1941 hour 2 minute 20 P.M.21. I hereby certify that I attended the deceased from May 12 1941, 1941 to May 12 1941, 1941
that I last saw him alive on May 12 1941
and that death occurred on the date and hour stated above.Immediate cause of death Apoplexy
Cerebral hemorrhage Duration 3 hoursDue to arteriosclerosis and hypertension ?Due to _____
Other conditions ggs W
(Include pregnancy within 3 months of death)Major findings: none PHYSICIAN _____Of operations _____
Of autopsy none
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?

While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature J. D. Brookman (M. D. or other) _____
Address Poplar Bluff Date signed 5/13/41

RECEIVED

District Health Officer No. 2,

District File Number 641-732

Date Filed 6/6/41

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 H. J. Phelps

Licensed Embalmer No. 3231

P. O. Address Caplan Bluffs

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.