

Registration District No. \_\_\_\_\_

Primary Registration District No. 2007

Registrar's No. 257

FILED JUL 15 1941  
89

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

1. PLACE OF DEATH: Butler  
 (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: Brandon Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution Ward - 17K  
 In this community Life time (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Dunklin  
 (c) City or town Malden  
 (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.

3. (a) PRINT FULL NAME Eliza E. Maehew  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month June day 21 year 1941 hour 6 minute 5 A.M.

4. Sex Female 5. Color or race Wht.  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Nathan S. 6. (c) Age of husband or wife if alive deceased  
 7. Birth date of deceased Sept - 6 - 1852  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 15, 1941 to June 21, 1941, that I last saw her alive on June 21, 1941, and that death occurred on the date and hour stated above.  
 Immediate cause of death Lobar Pneumonia 6-15-41

8. AGE: Years 88 Months 9 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Fracture of the surgical neck of the left femur. 6-15-40  
 Due to Fracture of the neck of the left humerus.

9. Birthplace Dunklin Mo. D  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Housewife

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

MOTHER FATHER  
 11. Industry or business \_\_\_\_\_  
 12. Name Elizabeth Blanton  
 13. Birthplace unknown Tenn  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Lucinda Jurn  
 15. Birthplace Dunklin Co. Mo. D  
 (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) Accident  
 (b) Date of occurrence June 15, 1941 035  
 (c) Where did injury occur? Malden Dunklin, Missouri  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

16. (a) Informant Mr. Syl Maehew  
 (b) Address Malden Mo.  
 17. (a) Removal Burial (b) Date thereof June 22 41  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Malden, Mo.  
 18. (a) Signature of funeral director V. H. Craig  
 (b) Address Malden, Mo.  
 19. (a) 6/25/41 (b) Kate Lutz  
 (Date received local registrar) (Registrar's signature)

23. Signature W. L. Brandon (M. D. of \_\_\_\_\_)  
 Address Poplar Bluff, Missouri Date signed 6-24-41

RECEIVED

District Health Officer No. 2,

District File Number 241-842

Date Filed 7/19/41

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**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

W. H. Carraig

Licensed Embalmer No. 2850

P. O. Address Malden 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, fact should be so stated above.**