

No. 2
17-39
X23139

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 8 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24624

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 289

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 8 yrs. 1
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler ⁰¹²

(c) City or town Poplar Bluff ⁷
(If outside city or town limits, write "RURAL") ³

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

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Elizabeth D. Buck

(b) If veteran, name war NO

(c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 1941 hour 1:30 minute _____ P. M.

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced married

(b) Name of husband or wife J. F. Buck

(c) Age of husband or wife if alive 84 years

7. Birth date of deceased 4 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July, 1939 to July 22nd, 1941; that I last saw her alive on June 26th, 1941; and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 3 Days 18 If less than one day hr. _____ min. _____

Immediate cause of death Carcinoma of breast mammary glands with metastasis to lungs and abdominal organs. ^{Duration 17 yrs.}

Due to 50

9. Birthplace Hamilton Co. Ill.
(City, town, or county) (State or foreign country)

Other conditions Cardiac decompensation 7/1/41
(Includes pregnancy within 3 months of death)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John M. Colgan

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

14. Maiden name Mary Davis

15. Birthplace Hamilton Co. Ill.
(City, town, or county) (State or foreign country)

Major findings: Of operations Mammectomy - Right 1929
Mammectomy - Left 1936

Of autopsy _____

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

16. (a) Informant Mrs. D. D. Greer

(b) Address Steeleville Mo

17. (a) burial (b) Date thereof 7-24-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff Mo

18. (a) Signature of funeral director Black's Mortuary

(b) Address Corning Ark

19. (a) 7/25/41 (b) ON Kate Lutz
(Date received local registrar) (Registrar's signature)

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 P. S. Gault (M. D. or other) P. M. D.
Address Poplar Bluff, Mo Date signed 7/25/41

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

2
377

RECEIVED

District Health Officer No.

District File Number 841-1

Date Filed 8-6-41

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, ~~emb~~.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

Leslie D. Russell

Licensed Embalmer No. 3855

P. O. Address Conning Ark.

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.