No. 2
-1-4-41
5-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

AUG 28 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27883

Local Registration District No. 87

Primary Registration District No. 3007

Registrar's No. 322

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: 1015 Mill
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Butler

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

(d) Street No.: 1015 Mill St.
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Harriett Milham

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: Widow

6. (b) Name of husband or wife .....

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

7. Birth date of deceased: March (Month) 24 (Day) 1867 (Year)

8. AGE: Years 74 Months 4 Days 20 If less than one day ..... hr. ..... min.

9. Birthplace: Unknown (City, town, or county) Ark. (State or foreign country)

10. Usual occupation: At Home

11. Industry or business .....

FATHER
12. Name: Sam Mc Neely
13. Birthplace: Unknown (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) ..... (State or foreign country)

16. (a) Informant: John Ross
(b) Address: Poplar Bluff Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 15, 41 (Month) (Day) (Year)
(c) Place: burial or cremation: Woodlawn

18. (a) Signature of funeral director: Frank Mortuary
(b) Address: Poplar Bluff Mo.

19. (a) 8-19-41 (Date received by local registrar) (b) Belle Kinney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug. day: 14 th year: 1941 hour: 4 minute: A.M.

21. I hereby certify that I attended the deceased from July 14 1941, to Aug 14th 1941; that I last saw her alive on Aug 12nd 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Cardiac Dilatation	8/14/41
Due to: Cardiac Decompensation	8/2/41
Due to: Gastric Carcinoma	Jan 1941
Other conditions (Include pregnancy within 3 months of death): Cachexia	June 1941

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN — 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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature: L. S. Bealls (M. D. or other)
Address: Poplar Bluff Mo Date signed: 8/18/41

72 (Licensed Embalmer's Statement on Reverse Side)

SEP 1 5 1949

RECEIVED
District Health Office No.
District File Number 841-115
Date Filed 8-26-4

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 Glover W. Gree

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

. No. 2B
—8-21-41
I X29288

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

Poplar Bluff

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27883

Registration District No. 89 Primary Registration District No. 3007 Registrar's No. 322

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 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Harriett Milliam

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: F

5. Color or race: W

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

6. (b) Name of husband or wife

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

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

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

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Day year 1947 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death: acute Cardiac Decompensation — Duration

Due to: Cardiac Decompensation

Due to: Gastric Carcinoma

Other conditions (Include pregnancy within 3 months of death): Cachexia

Major findings: Carcinoma

Of operations: Primary Stomach

Of autopsy: H.P.

PHYSICIAN: 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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Poplar Bluff, Mo Date signed 7/4/47

SUPPLEMENTARY