No. 2
1-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27908

FILED AUG 28 1941

Registration District No. 89 | Primary Registration District No. 5131 | Registrar's No. 327

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

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff Mo. Tp

(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

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler 12

(c) City or town Route #3

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

(d) Street No. Poplar Bluff Mo 0

(If rural, give location)

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

3. (a) PRINT FULL NAME Minnie Lee Bay

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 Mary

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

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased May 11-1869 (Month) (Day) (Year)

8. AGE: Years 72 | Months 3 | Days 7 | If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace ✓ (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name ✓
15. Birthplace ✓ (City, town, or county) 9 (State or foreign country)

16. (a) Informant Nathen Bay

(b) Address Poplar Bluff R3 Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-19-41 (Month) (Day) (Year)

(c) Place: burial or cremation Little Brushy

18. (a) Signature of funeral director Watkins Funeral

(b) Address Dexter Mo

19. (a) 8-18-41 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 18 year 1941 hour 5 minute 25 a.m.

21. I hereby certify that I attended the deceased from 7-1, 1941, to Aug 18, 1941; that I last saw her alive on July 1, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis / Chronic nephritis

Due to [illegible]

Due to

Other conditions Artero [illegible]

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

Duration

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) no

(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 [illegible] (M. D. or other)

Address Poplar Bluff Mo Date signed 8-18-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office N
District File Number 841-11
Date Filed 8-26-4

Belle Kirk

JAN 25 1943

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 B. J. Brentlinger

Licensed Embalmer No. 4261

P. O. Address Dexter, Mo

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, above space should be left blank.