DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 24 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27912

Registration District No. 89 | Primary Registration District No. 5131 | Registrar's No. 346

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: County Farm (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2 days (Specify whether years, months or days)

In this community: Several years

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town: Poplar Bluff Rural (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: Margaret Lee

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Female

5. Color or race: W

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

6. (b) Name of husband or wife: Henry Alvin

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

7. Birth date of deceased: Feb. 20 (Month) 1877 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
64	6	10	hr. min.

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

10. Usual occupation: Housewife

11. Industry or business: Home

FATHER 12. Name: George Holt

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

MOTHER 14. Maiden name: Agness Garnett

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

16. (a) Informant's own signature: S. M. Kneir

(b) Address: Poplar Bluff, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-1-41 (Month) (Day) (Year)

(c) Place: burial or cremation: City Cemetery

18. (a) Signature of funeral director: Greer Grov Service

(b) Address: Poplar Bluff Missouri

19. (a) 9-10-41 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 30 year 1941 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from Aug 1, 1941, to Aug 20, 1941; that I last saw h[illegible] alive on Aug 20, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Enteritis	1 week
Due to	
Due to	
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

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

Address: Poplar Bluff Date signed: 9-1-41

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Office No. 2,
District File Number 941-7915
Date Filed 9/22/41

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 Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff

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

If this body is not embalmed, above space should be left blank.