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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED SEP 24 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27914

Registration District No. 89 Primary Registration District No. 5131 Registrar's No. 352

1. PLACE OF DEATH:

(a) County BUTLER

(b) City or town RURAL (Post Office Well 2)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 1
(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

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

(d) Street No. 6 MI SW POPLAR BLUFF MO
(If rural, give location)

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

3. (a) PRINT FULL NAME MARTHA ISABELLE HUTSON

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 WIDOWED

6. (b) Name of husband or wife M. B. HUTSON

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

7. Birth date of deceased JUNE (Month) 22 (Day) 1860 (Year)

8. AGE: Years 81 Months 2 Days 11 If less than one day hr. min.

9. Birthplace MURRAY CO (City, town, or county) TENN. 1 (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business —

FATHER
12. Name FRANK STOUT
13. Birthplace (City, town, or county) NO. CAROLINA (State or foreign country)

MOTHER
14. Maiden name MARY PUGH
15. Birthplace (City, town, or county) NO CAROLINA (State or foreign country)

16. (a) Informant Mrs. Rena Aden
(b) Address R4 Dn 2 Poplar Bluff Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 4 1941 (Month) (Day) (Year)
(c) Place: burial or cremation City Cem.

18. (a) Signature of funeral director W. T. Phelps
(b) Address Poplar Bluff Mo

19. (a) 9-13-41 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 3
year 1941 hour 1 minute 45 P M.

21. I hereby certify that I attended the deceased from Aug 24, 1941, to 9-3, 1941
that I last saw her alive on Aug 24, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Nephritis	
Chronic Myocarditis	
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 H. S. Clay (M. D. or other) M.D.
Address Poplar Bluff Mo Date signed 9/8/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 941-3312
Date Filed 9/22/44

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 N. T. Phelps

Licensed Embalmer No. 3231

P. O. Address Poplar Bluff

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.