

FILLED NOV 5 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 34438  
Registrar's No. 398

Registration District No. 89

Primary Registration District No. 3007

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:  
1006 Garfield  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Several Years  
years, months or days

3. (a) PRINT FULL NAME Dotsie Butts  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 2 5. Color or race C 6. (a) Single, widowed, married, divorced Widowed 2  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Exact Unknown  
(Month) (Day) (Year)

8. AGE: Years 72 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Odd Jobs

11. Industry or business Public

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Rev. G. W. Broughton

(b) Address Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof 10-20-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Greer Croy Service

(b) Address Poplar Bluff, Mo.

19. (a) 10-21-41 (b) Belle KINNE  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12  
(c) City or town Poplar Bluff 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1006 Garfield 3  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17  
year 1941 hour 8 minute 20 P.M.

21. I hereby certify that I attended the deceased from Sept 5  
1941 to Oct 17 1941  
that I last saw him alive on Oct 16 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Petite Hemorrhage Duration 3 days  
Due to Petite Hemorrhage 2 mos

Due to Probable malignancy

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations H68  
Of autopsy none

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 D

23. Signature W. B. Brubaker (M. D. or other)  
Address Poplar Bluff, Mo. Date signed 10-21-41

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

2  
7  
3

RECEIVED

District Health Office No. 2,

District File Number 1141-1465

Date Filed 11/3/41

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**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, Mo

**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.**