S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34464

Registration District No. 89 Primary Registration District No. 3131 Registrar's No. 415

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) ~~Name of hospital or institution:~~ 5 mi east of Poplar Bluff
(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 Mo (b) County Butler
(c) City or town Poplar Bluff rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route #3
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Shirley May Walls
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F 3
5. Color or race C
6. (a) Single, widowed, married, divorced D
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 Poplar Bluff Mo (City, town, or county) (State or foreign country)
10. Usual occupation Child
11. Industry or business .....
12. FATHER Name James Walls
13. Birthplace Butler Mo (City, town, or county) (State or foreign country)
14. MOTHER Maiden name Reed
15. Birthplace Ark (City, town, or county) (State or foreign country)
16. (a) Informant E. C. Keeble
(b) Address Poplar Bluff R#3
17. (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation burial Marrow
18. (a) Signature of funeral director Rev. Haws
(b) Address Poplar Bluff Mo
19. (a) 10-25-41 (Date received local registrar) (b) Beles Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25 year 1941 hour 23 minute A M.
21. I hereby certify that I attended the deceased from Oct 1 1941 to Oct 25 1941 that I last saw he alive on Oct 22 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Colitis – Dysentery	3 wks
Due to	
Due to ✓	
Other conditions (Include pregnancy within 3 months of death) 190	

Major findings:
Of operations .....
Of autopsy no

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 J. A. Beckmann M.D. (M. D. or other)
Address Poplar Bluff Mo signed 10-25-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 1141-16
Date Filed 11/13/41

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.

V. S. No. 2B
10M—8-21-41
I X29286

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34464

Registration District No. 89 Primary Registration District No. 5131 Registrar's No. 415

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff Twp.
(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 Missouri (b) County Butler

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

(d) Street No. R 3
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Shirley May Walls

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race B

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 10 (Month) 23 (Day) 1941 (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 Oct. day 25 year 1941 hour minute M.

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

Immediate cause of death — Duration

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 (M. D. or other)

Address Date signed

SUPPLEMENTARY