

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Route #1 Poplar Bluff ^{Twp}
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route #1 Poplar Bluff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 22 years _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12

(c) City or town Poplar Bluff 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route #1 0
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Bettie Keete

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25
year 1941 hour 7 minute 45 A.M.

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife Henry

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

7. Birth date of deceased Nov. 10 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 26 1937 to Nov. 23 1941
that I last saw her alive on October 25 1941
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

67 13 hr. min.

Immediate cause of death Heart failure
Died suddenly
Due to Chronic myocarditis
Hypertension

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Ballard Co. Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Lem Daugherty

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

14. Maiden name Elizabeth Harwell

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

16. (a) Informant Mrs. Andrew Freeman

(b) Address Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof Nov. 24.41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bay Springs

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

(b) Address Poplar Bluff, Mo.

19. (a) 11-26-41 (b) Belle Keene
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury 0

23. Signature J. Lee Harwell (M. D. or other) _____
Address Poplar Bluff, Mo. Date signed 11-25-41

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

RECEIVED

District Health Office No. _____

District File Number 1341-161

Date Filed 12/5/41

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.

Not embalmed

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.