

Registration District No. 1

Primary Registration District No. 2007

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:
Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hr
(Specify whether
In this community
years, months or days)

8. (a) PRINT FULL NAME Mollie E. Tweedy

8. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife U. L. Tweedy 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased April, 7, 1886
(Month) (Day) (Year)

8. AGE: Years 55 Months 11 Days 5 If less than one day " _____ hr. _____ min.

9. Birthplace Puxico, Mo. R. 2.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Farming

MOTHER FATHER { 12. Name Arch Simpson
18. Birthplace Ky
(City, town, or county) (State or foreign country)
14. Maiden name Tennie King
15. Birthplace Ala.
(City, town, or county) (State or foreign country)

16. (a) Informant U. L. Tweedy
(b) Address Puxico, Mo. R. 2

17. (a) Burial (b) Date thereof March, 15, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Puxico, Mo. Co. M.

18. (a) Signature of funeral director Watkins Funeral Ser.
(b) Address Dexter, Mo.

19. (a) 3-16-42 (b) Belle Kimmel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
(c) City or town Poplar Bluff, Puxico Mo
(If outside city or town limits, write "RURAL")
(d) Street No. R# 2
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12
year 1942 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from 8-12, 1942 to 3-12, 1942
that I last saw him alive on 3-12, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to Hypertension & atherosclerosis
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none Of autopsy none
PHYSICIAN 83a
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. H. Hensley (M. D. or other) _____
Address Poplar Bluff Mo Date signed 3-14-42

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

RECEIVED

District Health Office No. 2,

District File Number 342-440

Date Filed 3-23-42

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

B. J. Brentlinger

Licensed Embalmer No.

4201

P. O. Address.....

Dexter, 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, above space should be left blank.