

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 201

1. PLACE OF DEATH: Butley
 (a) County: Butley
 (b) City or town: Poplar Bluff, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Lacy Lee Hosp
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution One Day
 (Specify whether _____)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED: 103
 (a) State: Missouri (b) County: Stoddards
 (c) City or town: Rural Parma
 (If outside city or town limits, write "RURAL")
 (d) Street No. Rt #2
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME: Alice Hiron
 3. (b) If veteran, name war: _____
 3. (c) Social Security No.: _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 22
 year 1942 hour 9 minute 00 A.M.

4. Sex: Female 5. Color or race: White
 6. (a) Single, widowed, married, divorced: Married
 6. (b) Name of husband or wife: Rufus Hiron
 6. (c) Age of husband or wife if alive: 58 years
 7. Birth date of deceased: July 20 1884
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 21, 1942, to June 22, 1942, that I last saw her alive on June 22, 1942, and that death occurred on the date and hour stated above.

8. AGE: Years 57 Months 11 Days 2
 If less than one day _____ hr. _____ min.

Immediate cause of death: Acute Cardiac failure
 Due to: Chronic myocarditis
 Duration: 2 days
 Due to: _____
 Duration: _____

9. Birthplace: _____ (City, town, or county) Mo. (State or foreign country)
 10. Usual occupation: Housekeeper

Other conditions (include pregnancy within 3 months of death): 92d

11. Industry or business: _____
 12. Name: James Leagus
 13. Birthplace: Old York, Illinois
 (City, town, or county) (State or foreign country)
 14. Maiden name: Mrs. Margherita
 15. Birthplace: Old York, Illinois
 (City, town, or county) (State or foreign country)

Major findings: _____
 Of operations: _____
 Of autopsy: _____
 PHYSICIAN: _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant: Rufus Hiron
 (b) Address: Gen. Del., Parma, Mo.
 17. (a) Burial (b) Date thereof: June 23, 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: Malden, Mo.

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? _____

18. (a) Signature of funeral director: Bunyan L. Stone
 (b) Address: Beryl, Mo.
 19. (a) 7-2-42 (b) Belle Kime
 (Date received local registrar) (Registrar's signature)

While at work: _____ (Specify time of place)
 (e) Manner of injury: _____
 23. Signature: Rufus Hiron (M. D. or other) _____
 Address: Poplar Bluff, Mo. Date signed: 6/22/42

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

12
7
3

RECEIVED

District Health Office No. 2,

District File Number 742-828

Date Filed JUL 13 1942

13

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.....

Hunter Albritton

Licensed Embalmer No.....

4210

P. O. Address.....

Sikeston, 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.