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 SEP 5 1942

Registration District No. 8

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3007

State File No. 26791

Registrar's No. 264

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:
Lucy Lee D
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12

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

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

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

If yes, name country 1

3. (a) PRINT FULL NAME Nora Florence Page

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife William H. Page

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased January 27, 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
63	6	21	hr. min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name James Hale
13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sabra Long
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant William H. Page
(b) Address Hendrickson, Mo.

17. (a) Burial (Removal) (b) Date thereof 8/20/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bethel Church Wayne Co

18. (a) Signature of funeral director Frank Underteking Co.
(b) Address Poplar Bluff, Missouri

19. (a) 8/25/42 (b) Belle Kinne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18
year 1942 hour 3 minute 45 A M.

21. I hereby certify that I attended the deceased from August 10, 1942, to August 18, 1942
that I last saw her alive on August 18, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to Cardiac Decompensation

Due to

Other conditions Pulmonary fibrosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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 F. L. Kneibert (M. D. or other) M.D.
Address Poplar Bluff Mo Date signed 8-18-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 942-1130
Date Filed 9-3-42

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 Arnold W Greer

Licensed Embalmer No. 2964

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.