

FILED SEP 22 1942

State File No.

Registrar's No.

Registration District No. 8

Primary Registration District No. 5143

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: South Hy. #67  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Life (Specify whether  
In this community Life years, months or days)

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. South Hy. #67  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Rosemary Elaine Liles

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race W  
6. (a) Single, widowed, married, divorced, child  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Birth date of deceased. Dec. 5 1927  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
14 9 1 hr. min.

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

10. Usual occupation School child

11. Industry or business \_\_\_\_\_

12. Name Opie Liles  
13. Birthplace Bloomfield, Mo. (State or foreign country)  
14. Maiden name Jewel  
15. Birthplace Jefferson County, Mississippi (State or foreign country)

MOTHER FATHER

16. (a) Informant Opie Liles  
(b) Address Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof 9-8-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn

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

(b) Address Poplar Bluff, Mo.

19. (a) 9-11-42 (b) Belle Kinnel  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6  
year 1942 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from Sept 6  
1942 to Sept 6, 1942  
that I last saw h. or alive on Sept 6, 1942,  
and that death occurred on the date and hour stated above.

Immediate cause of death Insulin Shock

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Diabetes mellitus  
(include pregnancy within 3 months of death)

Major findings:  
Of operations none  
Of autopsy 6

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) none  
(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 Ch Porter (M. D. or other)  
Address Poplar Bluff, Mo Date signed 9-7-42

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

12  
7  
3

RECEIVED

District Health Office No. 2,

District File Number 9-2-1211

Date Filed 9-21-42

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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.