

FILED SEP 22 1942

Registration District No. _____

Primary Registration District No. 3007

Registrar's No. 296

1. PLACE OF DEATH:

(a) County. BUTLAR
 (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 HOSP O
 (If not in hospital or institution, write street number of location)
 (d) Length of stay: In hospital or institution. 10 DAYS
 (Specify whether
 In this community
 years, months or days)

3. (a) PRINT FULL NAME SARAH E. MANN

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

4. Sex FEMALE / race WHITE 5. Color or 0
 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased. FEB 26 1921
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
21 6 15 hr. _____ min.

9. Birthplace. WAYNE MO
 (City, town, or county) (State or foreign country)

10. Usual occupation. FACTORY WORKER

11. Industry or business. UNKNOW

MOTHER FATHER { 12. Name. GEORGE MANN

13. Birthplace. LEEPER MO
 (City, town, or county) (State or foreign country)

14. Maiden name. MARY SMITH
 (City, town, or county) (State or foreign country)

15. Birthplace. LEEPER MO
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature. George Mann

(b) Address. Leeper mo.

17. (a) Burial. (b) Date thereof. Sept 14 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Carson Hill Cem. Poplar Bluff Mo.

18. (a) Signature of funeral director. Norman W. Dial

(b) Address. Poplar Bluff Mo

19. (a) 9-14-42 (b) Belle Kinnear
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MO (b) County. WAYNE
 (c) City or town. LEEPER (RURAL)
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1/2 mile south.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11
 year 1942 hour 11:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from Sept 1 1942, to Sept 11 1942,
 that I last saw her alive on Sept 11 and that death occurred on the date and hour stated above.

Immediate cause of death. Tuberculosis peritonitis Duration _____

Due to. Tuberculosis of peritoneum

Due to. _____ 15

Other conditions (Include pregnancy within 3 months of death)

Major findings: Tuberculosis peritonitis PHYSICIAN _____

Of operations. _____ Underline the cause to which death should be charged statistically.
 Of autopsy. none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify). no
 (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. [Signature] (M. D. or other) _____
 Address. Poplar Bluff Mo Date signed _____

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Office No. 2,

District File Number 942-120

Date Filed 9-21-42

SEP 23 1942

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Norman W. Gish

Licensed Embalmer No. 3387

P. O. Address Piedmont 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.