

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 Hospital
(If not in hospital or institution, write street number of location)
 (d) Length of stay: In hospital or institution 2 days
(Specify whether)
 In this community 70 years in Butler Co.
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. North Main Street
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME LOTTIE A. DALTON

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mr. L. F. Dalton 6. (c) Age of husband or wife if alive 78 years
 7. Birth date of deceased April 21, 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 5 16 hr. min.

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

10. Usual occupation At Home.

11. Industry or business _____

MOTHER FATHER { 12. Name John Sheppard
 13. Birthplace Unknown, Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Mollie Turner
 15. Birthplace Unknown, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Romie Dalton
 (b) Address Greenville, Missouri

17. (a) Burial (b) Date thereof Oct. 9, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marble Hill Cemetery.

18. (a) Signature of funeral director Frank Mortuary.

(b) Address 12 Vine St., Poplar Bluff, Mo.

19. (a) 10-12-42 (b) Belle Starnes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7th
 year 1942 hour 11:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from Oct. 2, 1942 to Oct 7, 1942
 that I last saw her alive on Oct 7, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
 Due to Chronic nephritis
 Due to _____

Other conditions 131 lb
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

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? Yes (Specify type of place) (c) Mean of injury _____

23. Signature Belle Starnes (M. D. or other) _____
 Address Poplar Bluff, Mo. Date signed 10/11/42

Duration

6 days
2 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

122
 7
 3

RECEIVED

District Health Office No. 2

District File Number 11-2-1840

Date Recd. 11-2-42

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 Howard A. Cooper

Licensed Embalmer No. 3996

P. O. Address 412 Vine St., Poplar Bluff,

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.