

FILED NOV 14 1942

Registration District No. 2

Primary Registration District No. 2007

Registrar's No. 347

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:
Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
(Specify whether
In this community 7 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
(c) City or town Quin
(If outside city or town limits, write "RURAL")
(d) Street No. Route #1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary B. Isbell

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Guss S. Isbell 6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased Dec. 19 1904
(Month) (Day) (Year)

8. AGE: Years 37 Months 10 Days 8 If less than one day hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name J.A. Halford
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Fisher
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Guss Isbell
(b) Address Quin, Missouri

17. (a) Removal (b) Date thereof 10-29-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Dyers, Tennessee

18. (a) Signature of funeral director Greer Croy Service
(b) Address Poplar Bluff, Mo.

19. (a) 10-28-42 (b) Belle Tenney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27
year 1942 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from Oct 27 19 42
that I last saw h. er alive on Oct 27 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction
Due to Peritonitis

Due to _____
Other conditions (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? _____
(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature: H. Fleischer (M. D. or other) _____
Address: Poplar Bluff Date signed 10/28/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

12
7
3

12
2
0

RECEIVED
District Health Office No. 2,
District File Number 1142-1427
Date Filed 11-9-42

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 Wallace N. Fitch

Licensed Embalmer No. 3859

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.