

FILED NOV 4 1942

Registration District No. **42**

Primary Registration District No. **2001**

Registrar's No. **324**

12
7
3
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Butler**
(b) City or town **Poplar Bluff**
(c) Name of hospital or institution: **Lucy Lee Hospital**
(d) Length of stay: In hospital or institution **1 day**
In this community **0** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Butler**
(c) City or town **Fisk**
(d) Street No. **0**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **1**

3. (a) PRINT FULL NAME **Phyllis Mary Leach**

3. (b) If veteran, name war **0** 3. (c) Social Security No. **0**

4. Sex **Female** 5. Color or race **W** 6. (a) Single, widowed, married, divorced, **infant**

6. (b) Name of husband or wife **0** 6. (c) Age of husband or wife if alive, years **0**

7. Birth date of deceased: **Jan. 30 1942**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
8 7 hr. min.

9. Birthplace: **Shook Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **0**

11. Industry or business **0**

12. Name **Thomas Leach**

13. Birthplace **Silva Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Johnson**

15. Birthplace **Shook Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Thomas Leach**
(b) Address **Fisk, Missouri**

17. (a) **Burial** (b) Date thereof **10-7-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Shiloh**

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

(b) Address **Poplar Bluff, Missouri**

19. (a) **10-9-42** (b) **Bellur...**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **7**
year **1942** hour **2** minute **A.** M.

21. I hereby certify that I attended the deceased from **Oct 6** 19**42** to **Oct 7** 19**42**
that I last saw h^{er} alive on **Oct 7** and that death occurred on the date and hour stated above.

Immediate cause of death **Robar pneumonia**
Duration **7 da**

Due to **108**
Due to **108**
Other conditions (Include pregnancy within 3 months of death) **108**

PHYSICIAN
Major findings: Of operations **0**
Of autopsy **0**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **0**
(b) Date of occurrence **0**
(c) Where did injury occur? (City or town) (County) (State) **0**
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **0**

23. Signature **Phyllis M. Leach** (M. D. or other) **0**
Address **Poplar Bluff, Mo.** Date signed **10/9/42**

RECEIVED

District Health Office No. 2,

District File Number 1142-1244

Date Filed 11-2-42

NOV 9 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Not embalmed

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.

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