

FILED NOV 27 1942

Registration District No. 42

Primary Registration District No. 3007

Registrar's No. 262

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
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Luce Lee Hosp. 1
(If not in hospital or institution, write street number or location)
Hosp. - 1 Day

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 103

(a) State Missouri (b) County Stoddard 0

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Essex Rd
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 1

3. (a) PRINT FULL NAME Philis Ann Abbott

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13
year 1942 hour 1 minute 20 P.M.

21. I hereby certify that I attended the deceased from Nov. 12
1942 to Nov. 13, 1942
that I last saw her alive on Nov. 13, 1942
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 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 Sept. 15, 1940
(Month) (Day) (Year)

Immediate cause of death: Laryngeal diphtheria

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

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

2	1	28	hr. min.
---	---	----	----------

9. Birthplace Stoddard Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name Emory Abbott

13. Birthplace Miss. Co. Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Flossie Byrd

15. Birthplace Stoddard Co. Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Emory Byrd

(b) Address Essex, Mo.

17. (a) Burial (b) Date thereof 11-14-42
(Burial, cremation, or removal) (Month) (Day) (Year)

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 Dr. M. Spaulding (M. D. or other) _____
Address Poplar Bluff, Mo. Date signed 11/13

(c) Place: burial or cremation Dexter Cemetery
Blankenship-Strickland

18. (a) Signature of funeral director _____

(b) Address Poplar Bluff, Dexter, Mo.

19. (a) 11-20-42 (b) Belle Kurne
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Office No. 2,

District File Number 1142-1428

Date Filed 11-25-42

DEC 9



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, _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 2964

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.