

FILED DEC 8 1942

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 373

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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: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 35 years (Specify whether 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. Robinson Street  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Drusilla Martin

3. (b) If veteran, name war: .....

3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22  
year 1942 hour 2:00 minute A. M.

4. Sex Female 5. Color or race 3 Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife R. M. Martin 6. (c) Age of husband or wife if alive 97 years

7. Birth date of deceased May 8, 1835  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from ..... 19....., to ..... 19.....; that I last saw h..... alive on ..... 19..... and that death occurred on the date and hour stated above.

8. AGE: Years 107 Months 6 Days 14 If less than one day  
.....hr. ....min.

Immediate cause of death infirmities of old age and probable pneumonia. Body found dead sitting up in chair.

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

Due to.....

Due to.....

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

10. Usual occupation Housewife

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 Henderson

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

14. Maiden name W N

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

16. (a) Informant R. M. Martin

(b) Address Poplar Bluff, Missouri

17. (a) Burial (b) Date thereof 11-29-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cem., Poplar Bluff

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?.....

18. (a) Signature of funeral director Greer Croy Funeral Serv.

(b) Address Poplar Bluff, Missouri

19. (a) 11-25-42 (b) Belle Tenne  
(Date received local registrar) (Registrar's signature)

While at work?..... (Specify type of place) Means of injury.....

23. Signature Alfred W. Greer Coroner  
Address Poplar Bluff, Mo 3 Date signed 11/23-42

RECEIVED

District Health Office No. 2,

District File Number 1242-1533

Date Filed 12-7-42

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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.**