

FILED DEC 30 1942
 72

Registration District No. _____

Primary Registration District No. 2007

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 16 days
 (Specify whether _____)
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Illinois (b) County St. Clair
 (c) City or town East St. Louis, Ill
 (If outside city or town limits, write "RURAL")
 (d) Street No. 438 Chaudet 11
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 21

3. (a) PRINT FULL NAME Nina Mae Dover
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 19
 year 1942 hour 5 minute 35 A.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
 6. (b) Name of husband or wife Lawrence E. Dover 6. (c) Age of husband or wife if alive 34 years
 7. Birth date of deceased: June 2, 1909
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-1 1942 to 12-19 1942
 that I last saw her alive on 12-18 1942
 and that death occurred on the date and hour stated above.

8. AGE: Years 32 Months 6 Days 17 If less than one day _____ hr. _____ min.

Immediate cause of death Chronic myocardial infarction
 Due to Coronary atherosclerosis

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

Due to _____
 Due to _____

10. Usual occupation At Home

Other conditions (Include pregnancy within 3 months of death) 92d

11. Industry or business _____
 12. Name Wm. M. Day
 13. Birthplace Dexter, Mo (City, town, or county) (State or foreign country) 0
 14. Maiden name Grace A. Jones
 15. Birthplace Gallatin, Ill. (City, town, or county) (State or foreign country) 1

Major findings: _____
 Of operations none
 Of autopsy none

16. (a) Informant Lawrence E. Dover
 (b) Address 438 Chaudet - E. St. Louis, Ill
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/20/42
 (Month) (Day) (Year)
 (c) Place: burial or cremation Dexter, Mo

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) no
 (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? _____ (c) Means of injury _____

18. (a) Signature of funeral director Frank Lind Co
 (b) Address Poplar Bluff, Mo
 19. (a) 12-19-42 (Date received local registrar) Belle Steine (Registrar's signature)

23. Signature [Signature] (M. D. or other) _____
 Address Poplar Bluff Mo Date signed _____

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

12
7
3

MOTHER FATHER

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

RECEIVED

District Health Office No. 2,

District File Number 1242-1728

Date Filed 12-29-42

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 George W. Greer

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.