. S. No. 2
OM—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40332

Registration District No. 1943 — Primary Registration District No. 3007 — Registrar's No. 409

12
7
3

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

(d) Length of stay: In hospital or institution 3 weeks (Specify whether

In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler 12

(c) City or town Poplar Bluff 7 (If outside city or town limits, write "RURAL")

(d) Street No. 324 South "B" ST. 3 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Lorene Hendrix

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

4. Sex Female 1 | 5. Color or race White | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Chester 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased 4 (Month) - 25 (Day) - 1925 (Year)

8. AGE: Years 17 | Months 7 | Days 3 | If less than one day ..... hr. ..... min.

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

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Spencer Riggins
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Anna May Abbott
15. Birthplace New Madrid, Mo (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mrs J.K. Abbott

(b) Address New Madrid, Mo

17. (a) B & R. (Burial, cremation, or removal) (b) Date thereof 12-30-42 (Month) (Day) (Year)

(c) Place: burial or cremation New Madrid, Mo.

18. (a) Signature of funeral director Frank Und. Co.

(b) Address Poplar Bluff, Mo.

19. (a) 12-30-42 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28 year 1942 hour 6:58 minute A. M.

21. I hereby certify that I attended the deceased from 12-26, 1942, to 12-28, 1942 that I last saw her alive on 12-28, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary abscess & gangrene of lower lobe right lung

Due to Pneumonia

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Gangrene of lower lobe right lung

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

114C

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 [signature] (M.D. or other)

Address Poplar Bluff Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 143-25
Date Filed 1-4-43

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 Scott A. Colwell

Licensed Embalmer No. 3567

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.