

S. No. 2
1-9-4-41
5-17-39
I X29484

a.k. Row.
5921
State File No.
Registrar's No. 50

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

BUREAU OF THE CENSUS
FILED MAR 5 1943

Registration District No. 43

Primary Registration District No. 5143

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff mo. Rt 4 Junc
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
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 mo. Rt 4
(d) Street No.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Maude Louise Mc Cord
(b) If veteran, name war
(c) Social Security No. 211

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 5
year 43 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from Feb 1 1943 to Feb 1 1943
that I last saw h. alive on Feb 1 1943
and that death occurred on the date and hour stated above.

4. Sex Fe 1
5. Color or race W.
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Fats Mc Cord
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased Aug 25 1873

Immediate cause of death
apoplexy 4 days

8. AGE: Years 69 Months 5 Days 10 hr min

Due to former stroke 2 wks

9. Birthplace Ill. 1

Due to

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

Major findings: Of operations

12. Name Robert Asher

Of autopsy

13. Birthplace Ill. 1

14. Maiden name Don't know

15. Birthplace Don't know 9

16. (a) Informant Mrs G. G. Grooms

(b) Address Poplar Bluff mo

17. (a) Burial (b) Date thereof 2-7-43

(c) Place: burial or cremation Kinsey

18. (a) Signature of funeral director W. H. Doby

(b) Address Carving
19. (a) 2-11-43 (b) Bullock Kinne

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?
While at work? (Specify type of place) (Means of injury)
23. Signature affe J P Cord (M. D. or other)
Address Poplar Bluff mo Date signed

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

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

RECEIVED

District Health Office No. 2,

District File Number 243-276

Date Filed 3-8-43

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.....

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.