

FILED APR 15 1943

Registration District No. 43

Primary Registration District No. 5143

Registrar's No. 89

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:
Highway # 67 East
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Mississippi
 (c) City or town Wyatt (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Ophelia Diamond

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced, WIDOW

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

7. Birth date of deceased Jan. 1 1889
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>2</u>	<u>14</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name J.J. Jones

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

14. Maiden name Della Blank

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

16. (a) Informant T. Shelby

(b) Address Charleston, Missouri

17. (a) Burial (b) Date thereof 3-17-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove - Charleston, Mo.

18. (a) Signature of funeral director Travis Shelby

(b) Address Charleston, Mo.

19. (a) 3-26-43 (b) Belle Turner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15 year 1943 hour 12 minute 45 P. M.

21. I hereby certify that I attended the deceased from March 13, 1943, to March 15, 1943 that I last saw her alive on Mar 15, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction Duration 2 days

Due to Ischioanal & pelvic-rectal abscess 8 days

Due to _____

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

Major findings: Of operations 127a

Of autopsy _____

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) (e) Means of injury _____

23. Signature T.P. Butler (M. D. or other) _____

Address Wyatt Date signed 3-20-43

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

MOTHER FATHER

RECEIVED

District Health Office No. 2

District File Number 443-44

Date Filed 4-12-48

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.....

L. J. Adams

Registered Apprentice No. 349

working under my personal supervision.

Signed.....

[Signature]

Licensed Embalmer No. 3474

P. O. Address.....

[Signature]

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.