

ED MAR 31 1943

Registration District No. **43**

Primary Registration District No. **5143**

Registrar's No. **76**

1. PLACE OF DEATH:

(a) County. **Butler**  
(b) City or town. **Poplar Bluff twp**  
(c) Name of hospital or institution:  
**at home / Rural**  
(d) Length of stay: In hospital or institution  
In this community. **five years**

2. USUAL RESIDENCE OF DECEASED:

(a) State. **Mo** (b) County. **Butler**  
(c) City or town. **Rural**  
(d) Street No. **Morocco**  
(e) Citizen of foreign country? **no**

3. (a) PRINT FULL NAME **Rachel Steward**

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

4. Sex **Female** 5. Color or race **negro** 6. (a) Single  widowed  divorced  married

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

7. Birth date of deceased. **Dec 12 1850**  
(Month) (Day) (Year)

8. AGE: Years **92** Months **2** Days **23** If less than one day **—** hr. **—** min.

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

10. Usual occupation **housework**

11. Industry or business **at home**

12. Name **DK**

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

14. Maiden name **DK** **7**

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

16. (a) Informant **Mr. M. Smith**

(b) Address **Sikeston Mo**

17. (a) **removal** (b) Date thereof. **3-5-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Morocco**

18. (a) Signature of funeral director **Mathie Smith**

(b) Address **Sikeston Mo**

19. (a) **3-5-43** (b) **Catherine Hendric**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **5**  
year **1943** hour **—** minute **—** M.

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.

Immediate cause of death. **senility**  
**arteriosclerosis & thromboangitis**

Due to **—**

Due to **—**

Other conditions. **99.2**  
(Include pregnancy within 3 months of death)

Major findings: **—**

Of operations **—**

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 **3**

23. Signature **Alfred Melcher Parsons**  
(Name of other) **—**

Address **Poplar Bluff Mo** Date signed **3/6/43**

**92** (Licensed Embalmer's Statement on Reverse Side)

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

1200

120

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2

District File Number 343-405

Date Filed 8-30-48

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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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Lekeston 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.**