

ED JUN 4 1943 3

Registration District No. 3

Primary Registration District No. 3007

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:  
Lucy Lee Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 week 11 da.  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME Buckthorpe, Luella

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

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

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

7. Birth date of deceased July 13, 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 9 18 ..... hr. .... min.

9. Birthplace Stone County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Wm. B. Cox  
13. Birthplace Texas  
(City, town, or county) (State or foreign country)  
14. Maiden name Martha Wilcox  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Tom Buckthorpe  
(b) Address Van Buren, Missouri

17. (a) Burial (b) Date thereof May 4, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jacksonville, Illinois

18. (a) Signature of funeral director Greer Croy Funeral Serv.

(b) Address Poplar Bluff, Missouri

19. (a) 5-15-43 (b) Willie Jensen  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barter  
(c) City or town Van Buren  
(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 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1  
year 1943 hour 2:10 minute A. M.

21. I hereby certify that I attended the deceased from April 21, 1943 to May 1, 1943  
that I last saw her alive on May 1, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac failure 1 da.

Due to Chronic myocarditis 1 yr.

Due to .....  
Other conditions (Include pregnancy within 3 months of death) 93d

Major findings:  
Of operations .....  
Of autopsy .....  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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? Yes (Specify type of place) (d) Means of injury .....  
23. Signature W. J. Greer (M. D. or other)  
Address Poplar Bluff Mo Date signed 5/14/43

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

RECEIVED

District Health Office No. 2,

District File Number 643-708

Date Filed 6-1-43

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STATEMENT BY LICENSED EMBALMER

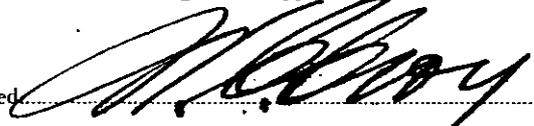
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

L. V. Adamson

Registered Apprentice No. 349

working under my personal supervision.

Signed.....



Licensed Embalmer No. 3274

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.**