

JUN 18 1943

Registration District No. 4.3

Primary Registration District No. 3007

Registrar's No. 180

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

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: BRANDON Poplar Bluff hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether days, months or years)

In this community days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stoddard

(c) City or town Bloomfield, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 2
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME PEARL SUSAN EDWARDS

3. (b) If veteran, name war --

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband Edwards

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Mar. 4 1899
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>44</u>	<u>3</u>	<u>1</u>	hr. min.

9. Birthplace Stoddard co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Mack Scism

13. Birthplace Stoddard co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mildred Kelley

15. Birthplace Ripley co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Clinton Edwards

(b) Address Bloomfield, Mo.

17. (a) Burial (b) Date thereof 6-7-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bloomfield, Mo.

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

(b) Address Bloomfield, Mo.

19. (a) 6-10-43 (b) Pelle Thune
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th
year 1943 hour 9:30 minute P.M.

21. I hereby certify that I attended the deceased from June 3, 1943 to June 5, 1943
that I last saw him alive on June 5, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Coma 6-1-43

Due to Diabetes

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 61

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) Means of injury

23. Signature [Signature] (M. D. _____)

Address Poplar Bluff, Mo. Date signed 6-9-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 643-847

Date Filed 6-17-43

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 Law Clifton Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.