S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24175

Registration District No. 5 Primary Registration District No. 3007 Registrar's No. 236

1. PLACE OF DEATH:

(a) County: Butler

(b) City or town: Poplar Bluff Ill. twp. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lucy Lee 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution About 15 Hours (Specify whether years, months or days)

In this community 6 months

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Butler

(c) City or town: Rural — Ash Hill Twp. (If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No) If yes, name country

3. (a) PRINT FULL NAME: Margret Nadine Bates

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: single

6. (b) Name of husband or wife:

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

7. Birth date of deceased: August 22 1928 (Month) (Day) (Year)

8. AGE: Years 14 Months 11 Days 3 If less than one day hr. min.

9. Birthplace: Broseley, Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation: student

11. Industry or business:

MOTHER FATHER

12. Name: Murrel Bates

13. Birthplace: Broseley, Mo. 0 (City, town, or county) (State or foreign country)

14. Maiden name: Lydia Alexander

15. Birthplace: Broseley, Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant: Murrel Bates

(b) Address: Broseley, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: July 27 1943 (Month) (Day) (Year)

(c) Place: burial or cremation: Mole Hill

18. (a) Signature of funeral director: Marshall Shaw

(b) Address: Fisk, Missouri

19. (a) 7-27-43 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1943 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 24 1943 to July 25 1943 that I last saw her alive on July 25 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Toxemia of Typhoid Fever	10 days
Due to: Typhoid Fever	10 days
Other conditions (Include pregnancy within 3 months of death):	

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: [illegible] (M. D. or other)

Address: Poplar Bluff, Mo. Date signed 7/26/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 843-1005
Date Filed 8-9-48

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.....

.....Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 347X

P. O. Address Poplar Bluff

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.