DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31288

FILED OCT 7 1943

Registration District No. 43 — Primary Registration District No. 3007 — Registrar's No. 278

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler

(c) City or town Poplar Bluff Mo (If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Dollie Faye Anderson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Whd

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

6. (b) Name of husband or wife Leslie Anderson

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased June 13, 1913 (Month) (Day) (Year)

8. AGE: Years 30 Months 2 Days 15 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name F H Birdsong
13. Birthplace (City, town, or county) Tex (State or foreign country)

MOTHER
14. Maiden name Frances Ma Wortham
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Leslie Anderson

(b) Address Poplar Bluff

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-18-43 (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff Mo

18. (a) Signature of funeral director Walkins Hand Dy

(b) Address Dexter Mo

19. (a) 9-10-43 (Date received local registrar) (b) Belle Linne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day Sept year 1943 hour 5 minute a M.

21. I hereby certify that I attended the deceased from 9/6/43 —, 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 pt. dead on arrival — Cause of death undetermined — ✓

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 D C Parker, Jr (M.D. or other)

Address Poplar Bluff, Mo Date signed 9/8/43

92 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1043-12/3
Date Filed 10-5-43

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 Hunter Albritton

Licensed Embalmer No. 4210

P. O. Address Silverton Tx

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
5-43
X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Oct

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 278

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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 Dollie Faye Anderson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased June 12 (Month) (Day) (Year)

8. AGE: Years 30 Months 2 Days Unless than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. 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 Probably cerebral embolus

Duration

Due to

Due to

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 O. O. Parker Jr. (M. D. [redacted])
Address Poplar Bluff Mo. Date signed 1/15/43

SUPPLEMENTARY

31288