

FILED NOV 6 1943

Registration District No. **43** Primary Registration District No. **3007**

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:
128 Magnolia Street /
(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 **Missouri** (b) County **Butler**
(c) City or town **Poplar Bluff**
(If outside city or town limits, write "RURAL")
(d) Street No. **128 Magnolia Street**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Sarah Jane Colcher**
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 **Fred Colcher** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **October 10, 1862**
(Month) (Day) (Year)

8. AGE: Years **80** Months **11** Days **23** If less than one day
hr. _____ min. _____

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

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Jordan**
13. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace **"** 7
(City, town, or county) (State or foreign country)

16. (a) Informant **Clarence Colcher**

(b) Address **128 Magnolia, Poplar Bluff, Mo.**

17. (a) **Burial** (b) Date thereof **Oct. 5, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Woodlawn Cemetery**

18. (a) Signature of funeral director **Greer Croy**
(b) Address **Poplar Bluff, Missouri**

19. (a) **10/25/43** (b) **Belle Turner**
(Date received at local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **3**
year **1943** hour **10:00** minute **A.** M.

21. I hereby certify that I attended the deceased from **October 9, 1943**, to **October 9, 1943**,
that I last saw him alive on **Sept. 27, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis** Duration **2 or 3 yrs**

Due to **Senility**

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?

While at work? _____ (Specify type of place) (j) Means of injury _____

23. Signature **J Lee Harwell, M.D.** (M.D. or other) _____
Address **LEE HARWELL, M.D.** Date signed **10-18-43**

RECEIVED

District Health Office No. 2,

District File Number 1143-1328

Date Filed 11-3-48

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. 3474

P. O. Address Poplar Bluff, Missouri

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.