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5-17-38  
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34270

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED NOV 6 1943

Registrar's No. 212

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, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Poplar Bluff Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 6 hours  
(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,  
(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 Flo Mae Mayberry,  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Oct day 18  
 year 1943 hour 5 minute 30 M.  
 21. I hereby certify that I attended the deceased from 10-18, 1943, to 10-18, 1943  
 that I last saw him alive on 10-18, 1943  
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Married  
 6. (b) Name of husband or wife A. H. Mayberry 6. (c) Age of husband or wife if alive 34 years  
 7. Birth date of deceased: March 14, 1913  
(Month) (Day) (Year)

Immediate cause of death Removal to hospital  
into Poplar Bluff County  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
30 7 4 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_  
 12. Name Elmer Webb  
 13. Birthplace unknown \_\_\_\_\_  
(City, town, or county) (State or foreign country)  
 14. Maiden name Fannie Gromer  
 15. Birthplace unknown \_\_\_\_\_  
(City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_  
 Of operations none  
 Of autopsy none  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant A. H. Mayberry  
 (b) Address Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof 10-20-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

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? \_\_\_\_\_

(c) Place: burial or cremation Taylor

18. (a) Signature of funeral director Watkins Funeral Ser.  
 (b) Address Dexter, Mo.

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
 (c) Means of injury \_\_\_\_\_  
 23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
 Address Poplar Bluff, Mo. Date signed \_\_\_\_\_

19. (a) 10-25-43 (b) Belle Kinne  
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Office No. 2,

District File Number 1143-1381

Date Filed 11-3-43

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Chester A. Roof*

Licensed Embalmer No.

3044

P. O. Address

*Chester M.*

**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.