

FILED FEB 27 1944

Registration District No. 22

Primary Registration District No. 3007

Registrar's No. 2

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

(d) Length of stay: In hospital or institution 6 days (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. _____
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Sallie Oda Carr

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

20. DATE OF DEATH: Month Dec day 30 year 1943 hour _____ minute 11:15 p.M.

21. I hereby certify that I attended the deceased from Dec 27, 1943 to Dec 30, 1943 that I last saw her alive on Dec 30 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 Albert E. Carr 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased: July (Month) 8 (Day) 1877 (Year)

Immediate cause of death: Pneumonia Duration 7 days

Due to Carcinoma Liver 1 yr.

8. AGE: Years 66 Months 5 Days 22 If less than one day _____ hr. _____ min.

Other conditions _____ (Include pregnancy, within 3 months of death)

Major findings: H.68

Of operations _____

Of autopsy _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Matt Mc Reynolds

13. Birthplace unknown (City, town, or county) (State or foreign country)

14. Maiden name Rosanna Bradshaw

15. Birthplace unknown (City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Elttie Tuck

(b) Address Poplar Bluff, Missouri

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-2-44 (Month) (Day) (Year)

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

(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? _____

18. (a) Signature of funeral director Charles Wood Home

(b) Address Campbell, Missouri

19. (a) 1-7-44 (Date received local registrar) (b) Belle Stines (Registrar's signature)

23. Signature B. H. Meeker (M. D. or other) Address Poplar Bluff, Mo. Date signed 1/7/44

RECEIVED

District Health Office No 2,

District File Number 144-177

Date Filed 1-25-44

JAN 3 1944

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 Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.