S. No. 2
OM—2-43
v. 5-27-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2211

FILED FEB 27 1944

Registration District No. _____ Primary Registration District No. 5143 Registrar's No. 12

1. PLACE OF DEATH:
(a) County: Butler
(b) City or town: Rural - Poplar Bluff Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Hiway 60 West
(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: 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Butler
(c) City or town: Rural - Poplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No.: Hiway 60 West
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: Dorothy England
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: Frank England
6. (c) Age of husband or wife if alive: _____ years
7. Birth date of deceased: November 2, 1888 (Month) (Day) (Year)
8. AGE: Years 55 Months 2 Days 3 If less than one day _____ hr. _____ min.
9. Birthplace: _____ (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife & Seamstress
11. Industry or business: _____
FATHER 12. Name: Fred Huffman
FATHER 13. Birthplace: Cadillac, (City, town, or county) Michigan (State or foreign country)
MOTHER 14. Maiden name: Carrien Denton
MOTHER 15. Birthplace: _____ (City, town, or county) Indiana (State or foreign country)
16. (a) Informant: Jess England
(b) Address: Poplar Bluff, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-7-44 (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) 1-12-44 (Date received local registrar) (b) Belle Stinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5 year 1944 hour 9:25 minute A. 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.

	Duration
Immediate cause of death: Cancer of right breast	About 1 year
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: None	

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) (e) Means of injury: _____
23. Signature: Alfred W. Greer (M. D. or other) Coroner
Address: Poplar Bluff, Mo. Date signed: 1-10-44

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 144-184
Date Filed 1-25-44

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.....

orking under my personal supervision.

Signed W. C. Troy

Licensed Embalmer No. 3474

P. O. Address Poplar Bluff, Mo.

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

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