S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1944

Registration District No. 42

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3007

State File No. 6682

Registrar's No. 53

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

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 3 years
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. 616 Cynthia
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Helen Genevieve Mefford

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 Single

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

7. Birth date of deceased November 18, 1925
(Month) (Day) (Year)

8. AGE: Years 18 | Months 2 | Days 20 | If less than one day ..... hr. ..... min.

9. Birthplace Poplar Bluff (City, town, or county) Missouri (State or foreign country)

10. Usual occupation School Girl - Senior

11. Industry or business .....

FATHER
12. Name O. C. Mefford
13. Birthplace Butler County (City, town, or county) Missouri (State or foreign country)

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

16. (a) Informant Mrs. Ruby Fickert
(b) Address Neelyville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 15, 44 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery, P.B.

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

19. (a) 2-17-44 (Date received local registrar) (b) Belle Finne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8
year 1944 hour 11:25 minute P. 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: 22 Pistol wound in chest causing hemorrhage from heart.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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) Suicide

(b) Date of occurrence February 8, 1944

(c) Where did injury occur? Poplar Bluff, Butler, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
(Specify type of place)

While at work? No (e) Means of injury Gunshot

23. Signature M. Croy - Deputy Coroner (M. D. or other)

Address Poplar Bluff, Mo. Date signed 2-9-44

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 344-373
Date Filed 3-3-44

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.....,

working under my personal supervision.

Signed.....

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 the above constitutes grounds for revocation of license.)

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