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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 8 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 43 — Primary Registration District No. 5143 — Registrar's No. 47

12
8

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

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Rural - Poplar Bluff Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 8 miles West on Hiway 160 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 40 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler 12

(c) City or town Poplar Bluff (If outside city or town limits, write "RURAL")

(d) Street No. 8 mi on 60 Hiway West (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Emma Emeline Smith

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 Married

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb. 16, 1874 (Month) (Day) (Year)

8. AGE: Years 69 Months 11 Days 19 If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business

FATHER
12. Name William Guffey
13. Birthplace Unknown (City, town, or county) Mo. (State or foreign country)

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

16. (a) Informant William Guffey

(b) Address Poplar Bluff, Mo. RR.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-44 (Month) (Day) (Year)

(c) Place: burial or cremation Sparkman Cemetery

18. (a) Signature of funeral director Frank Cotrell

(b) Address Poplar Bluff Mo.

19. (a) ~~[illegible]~~ 2/7/44 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5 year 1944 hour 9:30 minute P M.

21. I hereby certify that I attended the deceased from 12-3, 1943 to 12-3, 1943; that I last saw her alive on 12-3, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Tuberculosis, Pulmonary	Unknown
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

13 P1

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature J. W. Fonda (M. D. or other)

Address Poplar Bluff, Mo. Date signed 2-7-44

.92

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 344-366
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 Paul Richard Brown

Licensed Embalmer No. 4324

P. O. 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.