

FILED MAY 12 1944
Registration District No.

Primary Registration District No. 3007

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:
816 Alice St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(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. 816 Alice St.
(If rural, give location)
(e) Citizen of foreign country? N/D (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Pearl Keys

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female ^{5.} Color or race Negro
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
(Day) (Year)

7. Birth date of deceased MAY 4 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 1 12 hr. min.

9. Birthplace New Madrid MO.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Willie Lasire

13. Birthplace New Madrid Co. MO.
(City, town, or county) (State or foreign country)

14. Maiden name EMMA ALLEN

15. Birthplace New Madrid Co. MO.
(City, town, or county) (State or foreign country)

16. (a) Informant LAURA CRAVENS

(b) Address P. B. MO.

17. (a) Burial (b) Date thereof 4/22/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City

18. (a) Signature of funeral director Frank Cotrell

(b) Address Poplar Bluff, Mo.

19. (a) 4-20-44 (b) Bella Truitt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
year 1944 hour 7 minute _____ A. M.

21. I hereby certify that I attended the deceased from April 10 1944 to April 18 1944
that I last saw her alive on April 11 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Sepsis ^{Duration} 2 weeks

Due to _____

Due to 130

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

Major findings:
Of operations _____

Of autopsy _____

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) _____ (Means of injury)

23. Signature Alfred J. ... (M. D. or other)

Address Poplar Bluff, Mo. Date signed 4/20/44

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

MOTHER FATHER

RECEIVED

District Health Office No. 2

District File Number 544-68

Date Filed 5-11-41

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. 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.