DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 20 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21131

Registration District No. 42 | Primary Registration District No. 2007 | Registrar's No. 192

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:
914 Benton St. 1
(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: 25 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Butler 12

(c) City or town: Poplar Bluff 7
(If outside city or town limits, write "RURAL")

(d) Street No.: 914 Benton 3
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Arrow Edwards

3. (b) If veteran, name war: ____

3. (c) Social Security No.: ____

4. Sex: Female 3

5. Color or race: C.

6. (a) Single, widowed, married, divorced: Widowed 2

6. (b) Name of husband or wife: Will Edwards

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

7. Birth date of deceased: February 11, 1875 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
69	3	23	____ hr. ____ min.

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

10. Usual occupation: Janitress

11. Industry or business: C.M.E. Church

MOTHER, FATHER

12. Name: Unknown

13. Birthplace: ____ (City, town, or county) 9 (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: ____ (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Mary Kenney

(b) Address: Poplar Bluff

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 6-7-44 (Month) (Day) (Year)

(c) Place: burial or cremation: Marianna, Ark.

18. (a) Signature of funeral director: Greer-Croy

(b) Address: Poplar Bluff, Mo.

19. (a) 6-7-44 (Date received local registrar) (b) Belle Dunne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4 year 1944 hour ~~8~~ 4 minute ~~8~~ 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.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to: Hypertension	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

830 1

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? ____ (Specify type of place)

While at work? ____ (e) Means of injury: ____

23. Signature: Alfred W. Greer (M. D. or other) Coroner

Address: Poplar Bluff, Mo. Date signed: 6-6-44

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office
District File Number 6-44-
Date Filed 6-14-4

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, Miss

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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2/1 97

Registration District No. 43 Primary Registration District No. 3007 Registrar's No.

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:
(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 (b) County

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

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Arrow Edwards

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race C

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb (Month) 11 (Day) 18 (Year)

8. AGE: Years 69 Months 2 Days 28 If less than one day hr. min.

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

10. Usual occupation Janitor

11. Industry or business

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

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

16. (a) Informant
(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director Greer Cray
(b) Address Poplar Bluff

19. (a) 9-13-44 (Date received local registrar) (b) Belle Kinnie (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month June day year 1944 hour minute 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	
Due to	
Due to	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

WRITE PLAINLY—USE UNFADING BLACK INK

21191