

FILED AUG 25 1944
Registration District No. 43

Primary Registration District No. 2007

Registrar's No. 265

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: Poplar Bluff Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(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. 225 South 9th St
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Messie P. Burge

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4 10 P. M.
year 1944 hour 8 minute 10

21. I hereby certify that I attended the deceased from 8-4-44 1944 to 8-4-44 1944
that I last saw him alive on 8-4-44 1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, widow

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

7. Birth date of deceased December 8-1875
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage

Due to hypertension & hypertension

Other conditions (Include pregnancy within 3 months of death) g3a

8. AGE: Years 68 Months 7 Days 26 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business.....

MOTHER FATHER { 12. Name Unknown

{ 13. Birthplace " " (City, town, or county) (State or foreign country)

{ 14. Maiden name " " (City, town, or county) (State or foreign country)

{ 15. Birthplace " " (City, town, or county) (State or foreign country)

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Vernon H Burge

(b) Address Poplar Bluff Mo

17. (a) Burial (b) Date thereof Aug 6-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director Frank Cotrell

(b) Address Poplar Bluff Mo

19. (a) 8-21-44 (b) Belle Turner
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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) (e) Means of injury

23. Signature 1 Mrs. Kanchman (M. D. or other).....
Address Poplar Bluff Mo Date signed.....

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

FILED 1914

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..... *Shool W. Greer*

Licensed Embalmer No..... *2964*

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.