

FILED NOV 4 1944

Registration District No. 12

Primary Registration District No. 3007

Registrar's No. 334

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lucy Lee 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 1/2 hours
(Specify whether
In this community yes
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler
(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No. 803 Pine
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Orlie Jane Nett

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 Widowed
6. (b) Name of husband or wife Winnie Nett | 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 31 1889
(Month) (Day) (Year)

8. AGE: Years 55 Months 6 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Des Arc Iron County MO
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER { 12. Name T. W. Nichols
13. Birthplace Reynolds County, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Anna McCue
15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Opal Nett
(b) Address 803 Pine Poplar Bluff Mo.
17. (a) Burial (b) Date thereof Oct 17 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Poplar Bluff Mo.

18. (a) Signature of funeral director Frank - Petrell
(b) Address Poplar Bluff Mo
19. (a) 10-20-44 (b) Belle Turner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12
year 1944 hour 11:00 minute 45 M.

21. I hereby certify that I attended the deceased from Oct 12 to Oct 12 1944
that I last saw her alive on Oct 12 and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation
Due to Cardiac failure
Due to Coronary Vascular Disease

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

Duration

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 A. D. Martel M.D. (M. D. or other)
Address Poplar Bluff, Mo. Date signed _____

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

RECEIVED

District Health Office No. 2,

District File Number 1144-1447

Date Filed 11-3-44

MAY 4 1945

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.....

P. O. Address.....

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.