

FILED DEC 11 1944

Registration District No. 43

Primary Registration District No. 2007

State File No.

Registrar's No. 368

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) 1  
(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 (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route # 2  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15  
year 1944 hour 2:45 minute A M.  
21. I hereby certify that I attended the deceased from  
Nov 9 1944 to Nov 15 1944  
that I last saw him alive on Nov 14 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Hemorrhagic meningitis  
(Pneumonia)  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
Signature Alfred W. Vandy (M. D. or other)  
Address Poplar Bluff, Mo. Date signed 11-15-44

3. (a) PRINT FULL NAME Glenda Sue Nance  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced \_\_\_\_\_  
(b) Name of husband or wife \_\_\_\_\_ (c) Age of husband or wife if \_\_\_\_\_ years

7. Birth date of deceased November 9, 1944  
(Month) (Day) (Year)  
8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Ester Adam Nance  
13. Birthplace Alton, Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Alma Ester Bettes  
15. Birthplace Alton, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Ester Adam Nance  
(b) Address Route 2, Poplar Bluff, Mo.  
17. (a) Removal (b) Date thereof 11-15-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oregon Co Mo

18. (a) Signature of funeral director J. Honey  
(b) Address family in charge  
19. (a) 11-15-44 Bellevue  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

1200

72

RECEIVED

District Health Office No. 2,

District File Number 1244-1607

Date Filed 12-7-44

---

**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.....

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.**