

FILED FEB 15 1945

Registration District No. 799

Primary Registration District No. 3007

Registrar's No. 6

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

2
7
3

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:
LUCY LEE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 DAYS
(Specify whether 0)
In this community 0 years, months or days

3. (a) PRINT FULL NAME

Vinnie Abbott

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife: FRANK ALBERT 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased: November 4 1913
(Month) (Day) (Year)

8. AGE: Years 32 Months 2 Days 5 If less than one day hr. min.

9. Birthplace UNKNOWN (City, town, or county) TENN 1 (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business None

12. Name UNKNOWN-JONES

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

14. Maiden name MATIE (JONES)

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

16. (a) Informant MRS WILLIE B. PEFFER
(b) Address FILLSMORE, Mo. Rt #2

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-10-45 (Month) (Day) (Year)
(c) Place: burial or cremation SEYAMORE CEMETARY

18. (a) Signature of funeral director Day FUNERAL HOME
(b) Address Malden Mo
19. (a) 1-15-45 (Date received local registrar) (b) Belle Turner (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town Dudley (If outside city or town limits, write "RURAL") 103
(d) Street No. 1 (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 1 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 8 year 1945 hour 8 minute 00 P.M.

21. I hereby certify that I attended the deceased from Jan 3 1945 to Jan 8 1945
that I last saw her alive on Jan 8 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Generalized peritonitis 4 days
Due to: Strangulated ventral hernia 8 days

Other conditions: 122A
(Include pregnancy within 3 months of death)

Major findings: gangrenous bowel
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?

23. Signature Dr. Robert (M. D. or other)
Address Poplar Bluff Mo Date signed 1/11/45

RECEIVED

District Health Office No 2

District File Number 245-200

Date Filed 2-7-45

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 J. J. Sherman
Licensed Embalmer No. 4086
P. O. Address Malden, Mass.

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.