S. No. 2
M—8-43
. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1945

Registration District No. 48

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3007

State File No. 12950

Registrar's No. 88

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: Life (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Butler 12
(c) City or town: Poplar Bluff (If outside city or town limits, write "RURAL") 0
(d) Street No.: Rural Route # 4 (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Shirley Gene Daughhetee
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: 0
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: March (Month) 20 (Day) 1945 (Year)
8. AGE: Years | Months | Days | If less than one day: hr. 30 min.
9. Birthplace: Poplar Bluff (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation:
11. Industry or business:
MOTHER FATHER
12. Name: James Daughhetee
13. Birthplace: Ripley Co. Mo (City, town, or county) (State or foreign country) 0
14. Maiden name: Virginia Mitchener
15. Birthplace: Ripley Co. Mo (City, town, or county) (State or foreign country) 0
16. (a) Informant: Mrs James Daughhetee
(b) Address: Poplar Bluff Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-21-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Woodlawn
18. (a) Signature of funeral director: Frank—Cotrell
(b) Address: Poplar Bluff Mo
19. (a) 3-23-45 (Date received local registrar) (b) Belle Turner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Mar day: 20 year: 1945 hour: minute: M.
21. I hereby certify that I attended the deceased from 3-20, 1945 to 3-20, 1945 that I last saw her alive on 3-20, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Asphyxia Neonatorum.	?
Due to:	
Due to:	
Other conditions: Enlarged Spleen. (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: 0
23. Signature: J. W. Fronda (M. D. or other)
Address: Poplar Bluff, Mo. Date signed: 3-21-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 445-52
Date Filed 4/7/45

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 Not Embalmed Registered Apprentice No. working under my personal supervision.

Signed Charles W. Green

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.