. S. No. 2
OM—8-43
ev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 17 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12963

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 89

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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 Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler 12
(c) City or town Poplar Bluff 7
(If outside city or town limits, write "RURAL")
(d) Street No. Hy 67 N. 3
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lillian M. Elkins
3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife R. M. Elkins
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased July (Month) 14 (Day) 1882 (Year)

8. AGE: Years	Months	Days	If less than one day
62	8	7	hr. min.

9. Birthplace Minnesota (City, town, or county) 1 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home
FATHER
12. Name Eldon Johnson 1
13. Birthplace Minnesota (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant R. M. Elkins
(b) Address Poplar Bluff, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-23-45 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cemetery
18. (a) Signature of funeral director Greer Croy & Fitch
(b) Address Poplar Bluff, Missouri
19. (a) 3-29-45 (Date received local registrar) (b) Belle Finne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21 year 1945 hour 3:45 P.M. minute M.
21. I hereby certify that I attended the deceased from Feb. 10, 1945, to Mar. 21, 1945; that I last saw her alive on March 21, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Cardiac failure	1 da
Due to Hypertension	1 yr.
Due to Arterio Sclerosis	7
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 97

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 G. L. Knickert (M. D. or other)
Address Poplar Bluff, Mo Date signed 3/26/45

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 445-523
Date Filed 4/7/45

OCT 10 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. Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, Missouri

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.