

FILED APR 17 1945

Registration District No. 42

Primary Registration District No. 3007

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

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 Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 hours
(Specify whether
 In this community Visiting
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 999
 (c) City or town Chicago 11
(If outside city or town limits, write "RURAL")
 (d) Street No. 0
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country ?

3. (a) PRINT FULL NAME Josephine Vrba

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife John Vrba 6. (c) Age of husband or wife if alive 2 years
 7. Birth date of deceased 8-2-1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 7 29 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Unknown
 13. Birthplace Czechoslovakia
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Czechoslovakia
(City, town, or county) (State or foreign country)

16. (a) Informant Lillian Husberger
 (b) Address Ellsboro Mo
 17. (a) Burial (b) Date thereof April 4-45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director Greer Croy & Fitch
 (b) Address Poplar Bluff, Mo.

19. (a) 4-3-45 (b) W. Bell - Birme
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1
 year 1945 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from 4-1 1945, to 4-1 1945
 that I last saw him alive on 4-1 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Heart
 Due to Cholera
 Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
 Of operations

Of autopsy 93A

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) (e) Means of injury

23. Signature W. Bell (M. D. or other)

Address Poplar Bluff Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2

District File Number 442-248

Date Filed APR 11 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 M. Fitch

Licensed Embalmer No. 3859

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.