

FILED OCT 3 8 1945
Registration District No.

Primary Registration District No. 3007

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:
1021 ALICE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 7 YRS. years, months or days)

3. (a) PRINT FULL NAME DONA HALEY
3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex FEMALE 3 3 5. Color or race CAUCASIAN 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife JIM HALEY 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased JAN 8 1889
(Month) (Day) (Year)

8. AGE: Years 56 Months 8 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business HOME

MOTHER FATHER { 12. Name UNKNOWN
13. Birthplace " (City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace " (City, town, or county) (State or foreign country)

16. (a) Informant Costrine Gates

(b) Address 1021 Alice Poplar Bluff

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery P.B.M.O.

18. (a) Signature of funeral director Fisher - Catlett

(b) Address Poplar Bluff Mo.

19. (a) 9/7/45 (Date received local registrar) (b) R. D. McNeel (Registrar's signature)

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. 1021 ALICE 3
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 5
year 1945 hour 1 minute P.M.

21. I hereby certify that I attended the deceased from Sept 1 - Sept 9 1945
that I last saw h. a alive on Sept 9 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial insufficiency

Due to heart pulmonary congestion

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 926
Of autopsy _____

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) Means of injury _____

23. Signature A. J. P. P. P. (M. D. or other) 9-7-45
Address Poplar Bluff Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Office No. 2

District File Number 1045-3062

Date Filed 10-1-5

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 Howard Dodgers.....

Licensed Embalmer No. 4386.....

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.