No. 2
-5-42
17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33292

FILED NOV 6 1945

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 281

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: 411 North Second /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 20 Months
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. 411 North Second Street 3
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country .....

3. (a) PRINT FULL NAME AVA A. GRIMES

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female /

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased November 16th 1865
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	10	22	..... hr. ..... min.

9. Birthplace Christian Iowa 1
(City, town, or county) (State or foreign country)

10. Usual occupation Sales lady

11. Industry or business Retail Feild

FATHER
12. Name Maloome C. Roe
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Ann Unknown
15. Birthplace Unknown 4
(City, town, or county) (State or foreign country)

16. (a) Informant M. R. Wykoff

(b) Address Poplar Bluff, Missouri

17. (a) Removal (b) Date thereof 10/10/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perry Iowa

18. (a) Signature of funeral director Frank- Cotrell Chapel

(b) Address Poplar Bluff, Missouri

19. (a) 10/9/45 (b) L H Minetree
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8th
year 1945 hour 3 minute 00 P.M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Asthma	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 95	
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? .....

23. Signature Grover W Greer Coroner (M.D. or other)

Address Poplar Bluff Mo Date signed 10-9-45

1422

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1045-31
Date Filed 10-31-45

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 Howard Rodgers

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.