S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36719

FILED DEC 12 1945

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 345

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. General Delivery
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Gustav Gravel
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 Ike Gravel
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 7 (Day) 1902 (Year)

8. AGE: Years 43 Months 8 Days 19 If less than one day hr. min.

9. Birthplace (City, town, or county) Louisiana (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Richardson
13. Birthplace (City, town, or county) Unknown (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Folrence Martin
(b) Address Robertson, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/28/45 (Month) (Day) (Year)
(c) Place: burial or cremation Black Creek
18. (a) Signature of funeral director Greer Croy & Fitch
(b) Address Poplar Bluff, Mo.
19. (a) 12-6-45 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26 year 1945 hour 8 minute 20 P.M.

21. I hereby certify that I attended the deceased from Nov. 26, 1945, to Nov. 26, 1945, that I last saw her alive on Nov. 26, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage — Duration 1 da
Due to Hypertension — 7
Due to
Other conditions (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
23. Signature [illegible] (M. D. or other)
Address Poplar Bluff Mo. Date signed 11/28/45

1422 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 1245-3389
Date Filed 12-11-45

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 Wallace N Fitch

Licensed Embalmer No. 3159

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.