

FILED DEC 12 1945

State File No. _____

Registration District No. _____

Primary Registration District No. 3007

Registrar's No. 346

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:
LUCY LEE HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution HOURS
(Specify whether)

In this community 4 weeks
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUTLER

(c) City or town POPLAR BLUFF
(If outside city or town limits, write "RURAL")

(d) Street No. 302 HENRY ST
(If rural, give location)

(e) Citizen of foreign country? 0
(Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME BONNIE JEANITA USERY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 26
year 1945 hour 2 minute 30 P.M.

4. Sex FEMALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Oct 14 1945
(Month) (Day) (Year)

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

8. AGE: Years _____ Months 1 Days 12
If less than one day _____ hr. _____ min.

Immediate cause of death Asphyxiation Duration _____

9. Birthplace NEWPORT ARK, 1
(City, town, or county) (State or foreign country)

Due to cardiac failure

10. Usual occupation _____

Due to patent Suckers Foramen

11. Industry or business _____

MOTHER FATHER { 12. Name WILLIAM USERY

13. Birthplace MO 0
(City, town, or county) (State or foreign country)

14. Maiden name EULA VIOLET ELDER

15. Birthplace MO 0
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy 1572

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Eula V. Usery

(b) Address 302 HENRY ST POPLAR BLUFF

17. (a) BURIAL (b) Date thereof NOV 29 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:

(c) Place: burial or cremation BLACK CREEK CEM

18. (a) Signature of funeral director J. D. Phelps

(b) Address Poplar Bluff Mo

19. (a) 12-6-45 (b) W. A. Menche
(Date received local registrar) (Registrar's signature)

(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 W. A. Menche (M. D. or other) _____

Address Poplar Bluff Mo Date signed _____

9 *W. H. H. H.*
RECEIVED

District Health Office No. 2

District File Number 1245-3390

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 *N. P. Phelps*

Licensed Embalmer No. 9231

P. O. Address *Peper 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.