

S. No. 2
M-5-43
v. 5-17-39
I X38671

2510

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 6

FILED JAN 21 1946
Registration District No. 43

Primary Registration District No. 5143

1. PLACE OF DEATH:
(a) County BUTLER
(b) City or town RURAL - POPLAR-BLUFF
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Poplar Bluff Twp. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 72 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County BUTLER 12
(c) City or town RURAL - POPLAR BLUFF
(If outside city or town limits, write "RURAL")
(d) Street No. 5 MI NE POPLAR BLUFF MO
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SARAH ELIZABETH THOMAS
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JAN day 4
year 1946 hour 10 minute 45 P. M.
21. I hereby certify that I attended the deceased from 24 Jan 1945 to 4 Jan 1946.
that I last saw her alive on 29 Dec 1945
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

Immediate cause of death Nephritis, Acute Duration 7 days
Due to Pneumo-pneumonia 2 weeks
Due to Myocarditis, Chr years
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy 9 3/4

7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years 72 Months 11 Days 16
If less than one day hr. _____ min. _____

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

9. Birthplace HENDRICKSON MO
(City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWIFE

11. Industry or business _____
12. Name MAC. L. ROBERTSON
13. Birthplace TEX
(City, town, or county) (State or foreign country)
14. Maiden name MARY HOFFMAN
15. Birthplace MO
(City, town, or county) (State or foreign country)

16. (a) Informant Alva Thomas
(b) Address Poplar Bluff Mo
17. (a) BURIAL (b) Date thereof JAN 6 - 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Three Springs Cem
18. (a) Signature of funeral director N. I. Phelps
(b) Address Poplar Bluff Mo
19. (a) 1/7/46 (b) CH Menehel
(Date received by local registrar) (Registrar's signature)

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 Lester Harwell (M. D. certifies)
Address Poplar Bluff, Mo. Date signed 7 Jan 46

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

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RECEIVED
District Health Office No. 2
District File Number 144-114
Date Filed 1-15-46

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 *W. B. Phelps*
• Licensed Embalmer No. 3231
P. O. Address *Caplan 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.