

No. 2
8-43
5-17-39
X37823

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

384

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8652

State File No.

Registrar's No.

FILED APR 24 1946

Registration District No.

Primary Registration District No. 3007

1. PLACE OF DEATH:
(a) County Cape Girardeau
(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 3 days
(Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Mary Virginia Doublin
3. (b) If veteran, name war 3. (c) Social Security No.
4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Thomas Doublin 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Sept. 18 1886
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
59 5 5 hr. min.
9. Birthplace Leora Mo 0
(City, town, or county) (State or foreign country)
10. Usual occupation House wife
11. Industry or business

MOTHER FATHER {
12. Name I. H. Crews
13. Birthplace Mo
(City, town, or county) (State or foreign country)
14. Maiden name Maggie Bacon
15. Birthplace Leora mo
(City, town, or county) (State or foreign country)
16. (a) Informant Bertie Crawford
(b) Address Puxie mo
17. (a) Burial (b) Date thereof Feb 25 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation 9999
18. (a) Signature of funeral director Glad Morgan
(b) Address Puxie mo
19. (a) 3-29-46 (b) R. H. Muntz
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Feb day 27 year 1946 hour minute M.
21. I hereby certify that I attended the deceased from Feb 20 to Feb 25, 1946
that I last saw him alive on Feb 23, 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Pulmonary edema
Acute Cardiac failure
Chronic heart disease
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
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) (c) Means of injury
23. Signature R. H. Muntz (M. D. or other) MD
Address Poplar Bluff, Mo Date signed 3/1/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No
District File Number 446-4
Date Filed 4-2-46

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.....

Lloyd S Morgan

Licensed Embalmer No.....

3361

P. O. Address.....

Advance 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.