

No. 2
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5-17-39
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FILED MAR 28 1946
Registration District No. 28

Primary Registration District No. 3007

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 30 years (Specify whether years, months or days)

In this community 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

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

(d) Street No. Star Route
(If rural, give location)

(e) Citizen of foreign country? No Naturalized (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rosa Lipovsek

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 Married

6. (b) Name of husband or wife Jacob

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Nov 6 1886
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>59</u>	<u>4</u>	<u>7</u>	hr. min.

9. Birthplace Ljubljana Austria
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Tony Rekarmen

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

14. Maiden name Unknown

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

16. (a) Informant Frank Lipovsek

(b) Address 1027 S. 44th, Milwaukee, Wis

17. (a) burial (b) Date thereof 3/16/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cemetery

18. (a) Signature of funeral director Greer Croy & Sitch

(b) Address Poplar Bluff, Mo.

19. (a) 3-21-46 (b) CH Muesel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
year 1946 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from Mar. 12 to March 13, 1946
that I last saw h. alive on March 13, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Cardiac failure Duration 1 da

Due to Chronic Hypertension 2 yrs.

Due to Auricular fibrillation yrs.

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? _____

While at work? Yes (Specify type of place) _____
Means of injury _____

23. Signature J. Muesel (M. D. or R. N.)
Address Poplar Bluff, Mo. Date signed _____

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RECEIVED

District Health Office No. 2

District File Number 346-414

Date Filed 3-26-46

APR 11 1946

APR 1 1946

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. 3859

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.