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FILED MAR 28 1946

State File No. _____
Registrar's No. *97*

Registration District No. *43*

Primary Registration District No. *3007*

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 *H.M. Valley*
(If not in hospital or institution, write street number or location)

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

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State *Missouri* (b) County *Butler*

(c) City or town *Poplar Bluff*
(If outside city or town limits, write "RURAL")

(d) Street No. *411 Valley*
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME *Jennie Lee Lofton*

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *March* day *18* year *1946* hour *2 AM* minute *16 A.M.*

21. I hereby certify that I attended the deceased from *18 March 1946* to *18 March 1946*; that I last saw her alive on *Dead on arrival* and that death occurred on the date and hour stated above.

4. Sex *73* 5. Color or race *Cobred* 6. (a) Single, widowed, married, divorced *Single*

6. (b) Name of husband or wife *None* 6. (c) Age of husband _____ wife if _____

7. Birth date of deceased: *June 15 1921*
(Month) (Day) (Year)

Immediate cause of death *Coronary embolism (clot) or thrombosis*

Due to *Cardiac hypertrophy*

Due to *Hypertension*

Other conditions *Obesity*
(Include pregnancy within 3 months of death)

8. AGE: Years *25* Months *9* Days *3* If less than one day *2 hr. min.*

9. Birthplace *Helena Ark*
(City, town, or county) (State or foreign country)

10. Usual occupation *Housewife*

Major findings: *None*

Of operations: *None*

Of autopsy: *None*

MOTHER FATHER

11. Industry or business _____

12. Name *John Lofton*

13. Birthplace *North Carolina*
(City, town, or county) (State or foreign country)

14. Maiden name *Jennie Duffin*

15. Birthplace *Helena Ark*
(City, town, or county) (State or foreign country)

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 *None*

23. Signature *Cynthia Post* (M. D. or other) _____
Address *Poplar Bluff, Mo.* Date signed _____

16. (a) Informant *D. W. Simpson*

(b) Address *330 Valley St Poplar Bluff*

17. (a) *Burial* (b) Date thereof *3-24-46*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *City Cemetery*

18. (a) Signature of funeral director *Frank Cotrell*

(b) Address *Poplar Bluff Mo*

19. (a) *3-7-8-46* (b) *Ch. Mueller*
(Date received local registrar) (Registrar's signature)

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

RECEIVED
District Health Office No. 7
District File Number 346-417
Date Filed 3-26-46

449.50
150
24

613.50
610
12

620.8

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 Fred Smith

Licensed Embalmer No. 6428

P. O. Address 1246 Alie St. P.B.

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.

Registration District No. 43 Primary Registration District No. 2007

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Paplar bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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

Jennie L. Lepton

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race B 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 June (Month) 15 (Day) 18 (Year)

8. AGE: Years 25 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) 3-18-46 (b) R. H. Minette
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Day 18 Year 1946 Hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____, and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to _____
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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

7593

8661