

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

FILED MAY 9 1946

Registration District No. 43

Primary Registration District No. 3007

State File No. _____

Registrar's No. 146

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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 12 hrs.
(Specify whether years, months or days)

In this community: Life
(Specify whether years, months or days)

3. (a) PRINT FULL NAME: Clara Freda Harwell

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: Sylvester G. Harwell

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

7. Birth date of deceased: Nov 8 1898
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>5</u>	<u>18</u>	_____ hr. _____ min.

9. Birthplace: Butler Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: _____

MOTHER FATHER

12. Name: Charles Riechen

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

14. Maiden name: Carolina Schissler

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

16. (a) Informant: S. G. Harwell

(b) Address: Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof: 4/29/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Oak Hill

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

(b) Address: Poplar Bluff, Mo.

19. (a) 5/2/46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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.: Route # 1
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
year 1946 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from April 26 1946 to April 26 1946
that I last saw her alive on April 26 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral -
Carcinomatous
Carcinoma uterus

Due to: Carcinomatous 6 mos.

Due to: Carcinoma uterus 1 yr.

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

Major findings: _____
Of operations: _____

Of autopsy: _____

Duration

1 da

6 mos.

1 yr.

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)

23. Signature: [Signature] (M. D. or other) _____
Address: Poplar Bluff, Mo. Date signed: 4/27/46

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

11245

RECEIVED

District Health Office No. 2,

District File Number 546-681

Date Filed 5-8-46

MAY 10 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.