

FILED APR 18 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 45

Primary Registration District No. 5143

Registrar's No. 133

1. PLACE OF DEATH:

(a) County Burtler

(b) City or town Poplar Bluff, Mo. R.F.T.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Poplar Bluff Hosp.
(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 Arkansas (b) County Clay

(c) City or town Greenway, Ark. 3
(If outside city or town limits, write "RURAL") 4

(d) Street No. _____
(If rural, give location) 0

(e) Citizen of foreign country? _____ (Yes or No) 2
If yes, name country _____

3. (a) PRINT FULL NAME Annie L. Beckley

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 10
year 1946 hour 2 minute P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Female 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife M.C. Beckley

6. (c) Age of husband or wife if alive 87 years

7. Birth date of deceased: Oct. 26 1869
(Month) (Day) (Year)

Immediate cause of death Hypostatic Pneumonia

Duration _____

8. AGE: Years 76 Months 5 Days 14 If less than one day _____ hr. _____ min.

Due to myocarditis with Cardiac Decompensation 7

Due to _____

9. Birthplace Clay Co. Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

11. Industry or business _____

12. Name William McNeil

13. Birthplace Arkansas
(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 Richard Casey

(b) Address Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof 4-14-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mitchell Cem.

18. (a) Signature of funeral director W. H. Labay

(b) Address _____

19. (a) 4-13-46 (b) W. H. Labay
(Date received local registrar) (Registrar's signature)

Major findings: _____

Of operations _____

Of autopsy 938

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 Frank E. Amelle (M. D. or other) M.D.

Address Poplar Bluff, Mo. Date signed April 2, 1946

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 446-536

Date Filed 4-16-46

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 Walter Johnson

Licensed Embalmer No. 4271

P. O. Address Cambridge, Ark

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.