

FILED JUN 10 1946

STANDARD CERTIFICATE OF DEATH

State File No. 15878

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 174

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

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(c) Name of hospital or institution Poplar Bluff Hospital
(d) Length of stay: In hospital or institution 30 days
In this community 30 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wayne
(c) City or town Williamsville
(d) Street No. 0
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME MARZILLA ELLEN GARRETT

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 Joseph 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased June 30 1878

8. AGE: Years 67 Months 10 Days 21 - If less than one day, hr. min.

9. Birthplace Stoddard Co. Mo

10. Usual occupation Homemk

11. Industry or business —

MOTHER FATHER { 12. Name George Roy 9

13. Birthplace unknown (State or foreign country)

14. Maiden name Pardee Horn 4

15. Birthplace unknown (State or foreign country)

16. (a) Informant J. Garrett (b) Address Williamsville Mo

17. (a) Burial (b) Date thereof 5 23 1946

(c) Place: burial or cremation Black River

18. (a) Signature of funeral director P. S. Marshall (b) Address Williamsville Mo

19. (a) 6/3/46 (b) P. H. Menetree

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 year 1946 hour 3 minute 5 P.M.

21. I hereby certify that I attended the deceased from May 1 1946 to May 21 1946 that I last saw him alive on May 21 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery disease
Due to hypertension

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

Major findings: Operated at Brandt Hospital 5/23/46 2 yrs ago
Capit radical

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence —
(c) Where did injury occur? —
(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 [Signature] (M. D. or other) MD
Address Poplar Bluff Mo Date signed 5-23-46

RECEIVED

District Health Office No. 2

District File Number 646-715

Date Filed 6-6-46

JUN 18 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..... *[Signature]*

Licensed Embalmer No. 3474

P. O. Address *[Signature]*

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. 3007

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
3. (a) PRINT FULL NAME Marjilla E. Lanett
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 M
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased June 30 (Month) (Day) (Year)
8. AGE: Years 67 Months 1 Days 2 (If less than one day, hr. min.)
9. Birthplace _____ (City, town, or county) (State or foreign country) MO

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)
(c) Place: burial or cremation _____
18. (a) Signature of funeral director _____
(b) Address _____
19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
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 _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June year 1946 day 12 minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____, that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to far advanced carcinoma of right breast - (primarily site of cancer - rt. breast)
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy 50
Duration _____
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 W. Weirich (M. D. or other) MD
Paplar Bluff, Mo. Date signed 6-13-46
Address _____

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

14770

SUPPLEMENTARY

15878

Harold C. Stenhouse