

S. No. 2
M-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1946

State File No. _____
Registrar's No. 172

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: Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 hours
(Specify whether _____)
In this community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler 12
(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Carolyn Sue Pyles
(b) If veteran, name war _____
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 21
year 1946 hour 7 minute 05 p.M.
21. I hereby certify that I attended the deceased from May 21, 1946, to May 21, 1946
that I last saw her alive on May 21, 1946
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced child
(b) Name of husband or wife _____
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased: May 16, 1945
(Month) (Day) (Year)

Immediate cause of death Pertussis Duration 4 wks

8. AGE: Years 1 Months 0 Days 5
If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations none
Of autopsy none

9. Birthplace Poplar Bluff Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

12. Name Wesley Pyles

13. Birthplace Wayne County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Therese Rose

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

16. (a) Informant Wesley Pyles

(b) Address Poplar Bluff Missouri

17. (c) Burial (b) Date thereof 5-23-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Cemetery

18. (a) Signature of funeral director Landess Funeral Home

(b) Address Campbell Missouri

19. (a) 5/25/46 (b) DK Minette
(Date received local registrar) (Registrar's signature)

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? _____

(Specify type of place) _____
(e) Means of injury _____

23. Signature Harold O. Heurich (M. D. or other) MD
Address Poplar Bluff Mo. Date signed 5-25-46

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

14777

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RECEIVED
District Health Office No. 2
District File Number 546-655
Date Filed 5-30-46

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 Christine M. Landess
Licensed Embalmer No. 4227
P. O. Address Campbell, Md

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.