

S. No. 2
M-5-43
7. 5-17-39
I X36671

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED JUN 10 1946 STANDARD CERTIFICATE OF DEATH

State File No. **15888**
Registrar's No. **180**

Registration District No. **43** Primary Registration District No. **3007**

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

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 **1 Da** (Specify whether
In this community **Life** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Butler** **12**
(c) City or town **Poplar Bluff** **7**
(If outside city or town limits, write "RURAL")
(d) Street No. **508 Bartlett** **3**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No) **1**
If yes, name country _____

3. (a) PRINT FULL NAME **Rebecca Smith**
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 **Widowed**
6. (b) Name of husband or wife **Jeff Monroe Smith** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Aug 28 1883**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **27**
year **1946** hour **6** minute **A.** M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw her **OP** alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
62 8 29 .hr. .min.
9. Birthplace **Butler Co. Mo.** (City, town, or county) (State or foreign country)

Immediate cause of death **Pulmonary hemorrhage** Duration _____
Due to **Far advanced Pulmonary tuberculosis**
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

10. Usual occupation **Housewife**
11. Industry or business _____
12. Name **George W. Miller** (MOTHER FATHER)
13. Birthplace **Calloway Co. Mo.** (City, town, or county) (State or foreign country)
14. Maiden name **Amanda Benson**
15. Birthplace **Stoddard Co. Mo.** (City, town, or county) (State or foreign country)

Major findings: Of operations _____ (PHYSICIAN)
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Mildred Douglas**
(b) Address **Poplar Bluff, Mo.**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **5/29/46** (Month) (Day) (Year)
(c) Place: burial or cremation **Woodalwn Cemetery**
18. (a) Signature of funeral director **Greer Croy & Fitch**
(b) Address **Poplar Bluff, Mo.**
19. (a) **6/3/46** (Date received local registrar) (b) **[Signature]** (Registrar's signature)

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 _____
Signature **[Signature]** (M. D. ~~XXX~~)
Address **Poplar Bluff, Mo.** Date signed **28 May 46**

RECEIVED

District Health Office No. 2,

District File Number 646-709

Date Filed 6-6-46

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

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.