

No. 2
M-5-43
7. 5-17-39
P I X3667

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **19606**
Registrar's No. **793**

FILED JUL 8 1946

Registration District No. _____ 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:
616 North Sixth /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community **60 Years**
years, months or days

3. (a) PRINT FULL NAME **Sarah Angeline Folks**

3. (b) If veteran, name war **None**

3. (c) Social Security No. _____

4. Sex **Female** / 5. Color or race **White**

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

6. (b) Name of husband or wife **Richard C. Folks**

6. (c) Age of husband or wife if alive **81** years

7. Birth date of deceased **Dec 31st 1866**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	5	1	hr. _____ min.

9. Birthplace **Wayne Co. Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Home**

MOTHER FATHER

12. Name **Robert Reed**

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

14. Maiden name **Sarah Thornton**

15. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. N. G. Kinkead**

(b) Address **Poplar Bluff, Missouri**

17. (a) Burial (b) Date thereof **6/4/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Woodlawn Cemetery**

18. (a) Signature of funeral director **Frank Cottrill Chapel**

(b) Address **Poplar Bluff Missouri**

19. (a) 6-19-46 (b) *R. H. Menzies*
(Date received local registrar) (Registrar's signature)

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") **7**

(d) Street No. **616 North Sixth**
(If rural, give location) **3**

(e) Citizen of foreign country? **No** (Yes or No) **0**

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **2nd**
year **1946** hour **6** minute **A.M.**

21. I hereby certify that I attended the deceased from _____, 19____, to **June 4**, 19**46**
that I last saw her alive on **June 6**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **coronary occlusion**

Due to _____

Due to _____

Other conditions **female Pate's**
(Include pregnancy within 3 months of death)
 upper arm

Major findings:
Of operations _____

Of autopsy **Alfred R. Cook**

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 **D**

23. Signature **Alfred R. Cook** (M. D. or other) _____
Address **Poplar Bluff** Date signed _____

Duration **6 hours**

PHYSICIAN

Underline the cause to which death should be charged statistically.

35

6-10-46

RECEIVED

District Health Office No. 2,

District File Number 746-787

Date Filed 7-3-46

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 Howard Rodgers

Licensed Embalmer No. 4386

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.