

S. No. 2
M-5-43
5-17-39
I X36571

FILED 4/13/5 1946

Registration District No.

Primary Registration District No. 3007

216

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:
LUCY Lee HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 DAYS
(Specify whether years, months or days) 10Y

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUTLER
(c) City or town POPLAR BLUFF
(If outside city or town limits, write "RURAL")
(d) Street No. DON ST.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME EVA PEARL HANSON

3. (b) If veteran, name war. 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 ANDREW HANSON
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Dec 24 1905
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 5 26 hr. min.

9. Birthplace ESSEX STODDARD CO MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

MOTHER FATHER

12. Name HENRY GRANT
13. Birthplace BOONVILLE IND
(City, town, or county) (State or foreign country)
14. Maiden name ELIZABETH GRIFFIN
15. Birthplace WAYNE CO ILL
(City, town, or county) (State or foreign country)

16. (a) Informant Andrew Hanson
(b) Address DON ST. So. Poplar Bluff Mo
17. (a) BURIAL (b) Date thereof June 23 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation BLUFF Cem IDALIA MO

18. (a) Signature of funeral director W. Phelps
(b) Address Poplar Bluff Mo
19. (a) 6-29-46 (b) W. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1946 hour 10 minute 3 P. M.

21. I hereby certify that I attended the deceased from June 1
46 to June 20 1946
that I last saw her alive on June 20 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation

Due to Cardiac failure
Cardio-vascular
renal disease

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 1316

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) (c) Means of injury
23. Signature P. N. Markel (M. D. or other)
Address Poplar Bluff Mo Date signed

Duration
1 da
1 da
PHYSICIAN
Underline the cause to which death should be charged statistically.

12
7
3
1

RECEIVED

District Health Office No. 2

District File Number 746-827

Date Filed 7-1-46

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 N. T. Phelps

Licensed Embalmer No. 3231

P. O. Address Paplar 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.