

S. No. 2
M-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19616

State File No.

FILED JUL 8 1946

Registration District No.

Primary Registration District No. 3007

Registrar's No. 199

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: /
(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

Mollie King
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Female 5. Color of white 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 1 1865
(Month) (Day) (Year)

8. AGE: Years 80 Months 6 Days 15 If less than one day
hr. _____ min. _____

9. Birthplace Curent View Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

12. Name William Stepp
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 11
(City, town, or county) (State or foreign country)

16. (a) Informant Guy Ferguson
(b) Address Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof June 16, 46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Shiloanh Cemetery

18. (a) Signature of funeral director Watkins Funeral Ser.
(b) Address Dexter Mo.

19. (a) 6/25/46 (b) RH Minette
(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 7
(If outside city or town limits, write "RURAL") 3
(d) Street No. _____ (If rural, give location) 1
(e) Citizen of foreign country? _____ (Yes or No) 1
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June, day 15
year 1946 hour 2 minute 15 A. M.

21. I hereby certify that I attended the deceased from 10 May 1946 to 15 June 1946
that I last saw him alive on 1 June 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of tongue 6 mo
Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: 45
Of operations _____
Of autopsy _____
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)
While at work? _____ (b) Means of injury _____
23. Signature RH Minette (M. D. or other) MD
Address Poplar Bluff Mo Date signed 2/2/46

35

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office No. 2,

District File Number 746-793

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..... *Lynnan Steele*

Licensed Embalmer No. 2476

P. O. Address..... *Alexter 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.

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

State File No.

July
1946

Registration District No.

43

Primary Registration District No.

3007

Registrar's No.

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:

(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

Mollie King

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex F 5. Color or race white 6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive

7. Birth date of deceased Dec 11 (Month) (Day) (Year)

8. AGE: Years 80 Months 6 Days 10 (If less than one day, hr. min.)

9. Birthplace Mo (City, town, or county) (State or foreign country)

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) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director (b) Address

19. (a) 6/25/46 (b) Ch. McIntee
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) 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 July year 1946 hour 1 minute 15 M.

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

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 (M. D. or other)
Date signed

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

19616