. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 15 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19622

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 219

1. PLACE OF DEATH:

(a) County Hutler

(b) City or town Poplar Bluff, Mo.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Hutler 12

(c) City or town Poplar Bluff 7
(If outside city or town limits, write "RURAL")

(d) Street No. 510 Kinzer St. 3
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Albertine Compton Pharr

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 Joseph A. Pharr

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased May (Month) 26 (Day) 1866 (Year)

8. AGE: Years 80 Months 1 Days 2 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Geo. W. Conklin
13. Birthplace New York (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Pharr
15. Birthplace Pike County, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Walter Kinnard
(b) Address Poplar Bluff, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn, Poplar Bluff, Mo.

18. (a) Signature of funeral director Frank - Cotrell
(b) Address Poplar Bluff, Mo.

19. (a) 7-5-46 (Date received local registrar) (b) P H Minetree (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1946 hour 2:15 minute A.M.

21. I hereby certify that I attended the deceased from 17 June, 1946 to 28 June, 1946; that I last saw her alive on 27 June, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia, Hypostatic Bilateral	2 days
Due to Cerebral Apoplexy	13 days
Due to Arterial Hypertension	several years
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

83

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? (e) Means of injury

23. Signature J. Lester Harwell (M. D. ~~or other~~)
Address Poplar Bluff, Mo. Date signed 5 July 46

35 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No.
District File Number 146-83
Date Filed 1-9-46

JUL 18 1946

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 Grover W. Greer

Licensed Embalmer No. 2964

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.