S. No. 2
0M—2-43
v. 5-17-39
I X35697

18502

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

FILED JUN 21 1946

State File No. 19627

Registration District No. 43

Primary Registration District No. S-43-3007

Registrar's No. 187

**1. PLACE OF DEATH:**

(a) County Butler

(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 Poplar Bluff Twp. 1
(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 Butler 12

(c) City or town Fisk, 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ada Eugene Warren

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 J. H. Warren

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased March, 16. 1886
(Month) (Day) (Year)

8. AGE: Years 60 Months 2 Days 17 If less than one day hr. min.

9. Birthplace Bakersville, Tenn. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name J. D. Forrest
13. Birthplace Tenn. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rhoda Chance,
15. Birthplace Tenn 1
(City, town, or county) (State or foreign country)

16. (a) Informant J. . Warren,
(b) Address Fisk, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June, 3.46
(Month) (Day) (Year)
(c) Place: burial or cremation Ash Hill. Fisk, Mo.

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

19. (a) 6/15/46 (Date received local registrar) (b) R H Minetree (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 2
year 1946 hour 2 minute P M.

21. I hereby certify that I attended the deceased from Feb, 1946 to 2 June, 1946
that I last saw her alive on 1 June, 1946
and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Uremia | 1 week |
| Due to Carcinoma of urinary bladder | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: 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? (e) Means of injury

23. Signature A H Brookreson MD (M. D. or other)

Address 321 Oak St Poplar Bluff Mo Date signed 8 Jan 46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 46-759
Date Filed 6-18-46

FEB 28 1947

## 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 Lyman L. Steele

Licensed Embalmer No. 2476

P. O. Address Dexter 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.**