

S. No. 2
OM-5-43
Ev. 5-17-39
I X36671

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

State File No. 19639
Registrar's No. 228

Registration District No. 43 Primary Registration District No. 30075143

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

1. PLACE OF DEATH:

(a) County: BUTLER

(b) City or town: PROVIDENCIA
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: POPLAR BLUFF GEN. DEL.
(If not in hospital or institution, write street number or location)

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

In this community: UNKNOWN
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: BUTLER

(c) City or town: PROVIDENCIA
(If outside city or town limits, write "RURAL")

(d) Street No.: POPLAR BLUFF GEN. DEL.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME: MATIE WADE

3. (b) If veteran, name war: NONE

3. (c) Social Security No.: NONE

4. Sex: FEMALE Color or race: COLORED

5. Color or race: COLORED

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: APRIL 25 1876
(Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace: BROWNWOOD TENN
(City, town, or county) (State or foreign country)

10. Usual occupation: HOUSE WIFE

11. Industry or business _____

12. Name: MATT LIVINGSTON

13. Birthplace: TENN
(City, town, or county) (State or foreign country)

14. Maiden name: UNKNOWN

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

16. (a) Informant: EVA B. JOHNSON

(b) Address: PROVIDENCIA MO

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

(c) Place: burial or cremation: MOROCCO MO

18. (a) Signature of funeral director: FRANK COTRIELL CHAPEL

(b) Address: POPLAR BLUFF MO

19. (a) 7-6-46 (Date received local registrar) (b) AK Muntz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 14 year 1946 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 19 to June 13 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage
CEREBRAL

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 130

Of operations _____

Of autopsy _____

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? L (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: _____

Signature: Alfred P. Brown (M. D. or other) _____

Address: Poplar Bluff Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2

District File Number 746-830

Date Filed 1-9-46

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.