

FILED AUG 8 1946

STANDARD CERTIFICATE OF DEATH

State File No. 22839

Registration District No. 43

Primary Registration District No. 3079

Registrar's No. 286

1. PLACE OF DEATH:

(a) County Barton

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

(c) Name of hospital or institution: Poplar Bluff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution about an hour
(Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME JANIE BOVITA M^{COIN}

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female 5. Color or race w

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased April 21 (Month) 46 (Day) (Year)

8. AGE: Years Months Days If less than one day

2 9 hr. min

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

10. Usual occupation Infant

11. Industry or business —

MOTHER FATHER { 12. Name Lawrence M^{COIN}

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

14. Maiden name Louise Burke

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

16. (a) Informant Mr. Lawrence M^{COIN}

(b) Address Halscomb, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-1-46
(Month) (Day) (Year)

(c) Place: burial or cremation Signfield

18. (a) Signature of funeral director Edna General Store

(b) Address Campbell, Missouri

19. (a) 8/4/46 (Date reported local registrar)

(b) R. H. Minette (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Deunklin

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

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

(e) If foreign born, how long in U. S. A.? no years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1946 hour 11 minute A.M.

21. I hereby certify that I attended the deceased from July 28, 1946, to July 30, 1946, that I last saw her alive on July 30, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia

Due to —

Due to —

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 101

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? (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? (Specify means of injury)

Signature J. S. Hopkins (M.D. or other)

Address Halscomb, Mo. Date signed 11/30/46

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

2772

RECEIVED

District Health Office No. 2

District File Number ^{File No.} 846-942

Date Filed ^{Date} 8-6-46

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.....

Licensed Embalmer No.....

P. O. Address.....

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.