26402

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 3 1946

State File No.

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 269

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

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: Lucy Lee Hosp
(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 Arkansas (b) County Clay 999
(c) City or town Peach Orchard Ark
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location) Rural
(e) Citizen of foreign country? (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Thelma Delois Boss
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 James E. Boss
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased July (Month) 5 (Day) 1910 (Year)

8. AGE: Years 36 | Months 0 | Days 5 | If less than one day hr. min.

9. Birthplace (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name James Henry Bottles
13. Birthplace (City, town, or county) Alabama (State or foreign country)
MOTHER
14. Maiden name Alice Medford
15. Birthplace (City, town, or county) Tennessee (State or foreign country)
16. (a) Informant James Boss
(b) Address Peach Orchard Ark
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-9-46 (Month) (Day) (Year)
(c) Place: burial or cremation Bond Cem.
18. (a) Signature of funeral director W. H. Deby
(b) Address Corning, Ark
19. (a) 8/15/46 (Date received local registrar) (b) R. H. Wheeler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8 year 1946 hour 8 minute 30 P.M.
21. I hereby certify that I attended the deceased from July 6, 1946, to July 9, 1946 that I last saw her alive on July 9, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Urinic Poisoning	
Due to Pregnancy #	
Due to	
Other conditions (Include pregnancy within 3 months of death) 144 B	
Major findings: Of operations	
Of autopsy	

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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. W. McKee (M. D.) D.
Address Poplar Bluff, Missouri Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 846-1016
Date Filed 8-26-46

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 Velus Johnson

Licensed Embalmer No. 686 42 77

P. O. Address Fanning Ala

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.