

FILED SEP 11 1946

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 292

1. PLACE OF DEATH:

(a) County Butler

(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 Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Beulah Viola Craft

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 Eddie Craft 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased: Sept 12 1911  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>34</u>	<u>11</u>	<u>16</u>	hr. _____ min. _____

9. Birthplace Zalma, Mo.  
(City, town, or county) - (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Earl Thurston

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

14. Maiden name Nellie Boyd

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

16. (a) Informant Eddie Craft

(b) Address Bernie, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 30 1946  
(Month) (Day) (Year)

(c) Place: burial or cremation Bernie Cemetery

18. (a) Signature of funeral director Watkins Funeral Home

(b) Address Dexter, Mo.

19. (a) 9/24/46 (Date received local registrar) (b) R. H. Mustee (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 103

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

(d) Street No. \_\_\_\_\_ (If rural, give location) 1

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 28 year 1946 hour 19:15 minute 0 M.

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

Immediate cause of death Chronic Myocarditis with Broken Compensation

Due to \_\_\_\_\_  
Due to 149B

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Caesarean section  
Of operations on - 8-27-46

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature R. H. Mustee (M. D. or other) MD

Address Poplar Bluff, Mo Date signed 8-27-46

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

25253

RECEIVED

District Health Office No. 2

District File Number 846-1099

Date Filed 9-10-46

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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 Lynn Steele

Licensed Embalmer No. 2476

P. O. Address Wester 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.**