No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 18 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29681

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 297

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 Hospital (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 Poplar Bluff, Rural 0 (If outside city or town limits, write "RURAL")

(d) Street No. Route #1 0 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Maggie Belle Karsner

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Blain G. Karsner

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

7. Birth date of deceased April 21 (Month) (Day) 1885 (Year)

8. AGE: Years 61 Months 4 Days 4 If less than one day hr. min.

9. Birthplace Butler Co. (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Thomas Henry Sheehy
13. Birthplace Terrehaute, (City, town, or county) Ind. (State or foreign country) 1

MOTHER
14. Maiden name Julia Ann Unknown
15. Birthplace (City, town, or county) Ind. (State or foreign country) 1

16. (a) Informant Mrs. Hal Blakney

(b) Address Poplar Bluff, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 27, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff, Mo. Canecreek

18. (a) Signature of funeral director Frank-Cathell

(b) Address Poplar Bluff, Mo.

19. (a) 9/7/46 (Date received local registrar) (b) R H Minetree (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25 year 1946 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from Aug 19 46, 19 to Aug. 25, 19 46 that I last saw her alive on Aug 26, 19 46; and that death occurred on the date and hour stated above.

Immediate cause of death asphyxiation

Due to Cardiac failure

Due to Cardio - vasular circulatory disease

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93D

Of autopsy

Duration

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 0

23. Signature A D Markel MD (M. D. or other)

Address Poplar Bluff, Mo. Date signed 8-30-46

25

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 946-1115
Date Filed 9-16-46

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 Goodrow Green

Licensed Embalmer No. 2964

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.