No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED 21 1946

32856

State File No.

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 329

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: 308 W. FRANKLIN 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 20 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BUTLER 12

(c) City or town POPLAR BLUFF 7
(If outside city or town limits, write "RURAL")

(d) Street No. 308 W. FRANKLIN 3
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Mary Jane King

3. (b) If veteran, name war

3. (c) Social Security No. NONE

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife JESSE W. KING

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased SEPT (Month) 20 (Day) 1863 (Year)

8. AGE: Years 83 Months 0 Days 7 If less than one day hr. min.

9. Birthplace LAWRENCE Co (City, town, or county) ARK. 1 (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN 7 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN 7 (City, town, or county) (State or foreign country)

16. (a) Informant Jesse W. King

(b) Address 308 W. FRANKLIN C.P.B. Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-29-46 (Month) (Day) (Year)

(c) Place: burial or cremation WOODLAWN

18. (a) Signature of funeral director Frank Cotrell

(b) Address Poplar Bluff Mo

19. (a) 10/2/46 (Date received local registrar) (b) R. Minette (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 27 year 1946 hour 5 minute 05 P.M.

21. I hereby certify that I attended the deceased from 1 Sept, 1946, to 27 Sept, 1946 that I last saw her alive on 26 Sept, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Encephalomalacia	6 mos.
Due to Arteriosclerosis	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

83C

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. B. Brookreson M.D. (M.D. or other) M.D.

Address Poplar Bluff Mo Date signed 2 Oct 46

3J

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office
District File Number 1046-
Date Filed 10-15-46

NOV 6 1946

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 Lou Clark

Licensed Embalmer No. 4216

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Non

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 329

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

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Mary J. King

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Jesse

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased Sept 25 1863
(Month) (Day) (Year)

8. AGE: Years 83 Months Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 27 year 1946 hour minute M.

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

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY 27

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

32856