S. No. 2
—12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 21 1946

Registration District No. 4

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3007

State File No. 36200

Registrar's No. 361

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: 1 da (Specify whether years, months or days)

In this community: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Butler

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

(d) Street No.: 925 Maude (If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Eva Charlton

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: Emery Charlton

6. (c) Age of husband or wife if alive: 43 years

7. Birth date of deceased: March (Month) 24 (Day) 1905 (Year)

8. AGE:

Years	Months	Days	If less than one day
41	6	13	hr. min.

9. Birthplace: Doniphan, Mo (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

MOTHER FATHER

12. Name: B. L. Turner

13. Birthplace: Unknown (City, town, or county) (State or foreign country)

14. Maiden name: Elizabeth Unknown

15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Emery Charlton

(b) Address: Poplar Bluff, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/22/46 (Month) (Day) (Year)

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

18. (a) Signature of funeral director: Greer Croy & Fitch

(b) Address: Poplar Bluff, Mo.

19. (a) 11-9-46 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: October day: 17 year: 1946 hour: 1 minute: A. M.

21. I hereby certify that I attended the deceased from 10-16, 1946, to 10-17, 1946; that I last saw her alive on 10-16, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis, acute — Duration: Unknown

Due to: Unknown

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations: 93A
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: 0

23. Signature: J. W. Fonda (M. D. or Coroner) XXXX

Address: Poplar Bluff, Mo Date signed: 10/21/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1146-1342
Date Filed 11-15-46

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 Wallace N. Fitch

Licensed Embalmer No. 9859

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.