

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

State File No. _____

FILED NOV 21 1946 3

Registration District No. _____

Primary Registration District No. 3007

Registrar's No. 363

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: BRANDON HOSPITAL
(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 35 YEARS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BUTLER 12

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

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MAE OCIA WEAKLEY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 3
year 1946 hour 2 minute 15 P. M.

21. I hereby certify that I attended the deceased from Oct 26, 1946, to Nov 3, 1946
that I last saw her alive on Nov 3, 1946
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife OTT W. WEAKLEY

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

7. Birth date of deceased DECEMBER 30 1889
(Month) (Day) (Year)

Immediate cause of death Pulmonary embolus

Due to Peritonitis

Due to Appendicitis perforated

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

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

56 10 3 hr. _____ min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name J. C. PARKER

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

14. Maiden name _____

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations _____

Of autopsy _____

16. (a) Informant Ott Weakley

(b) Address Poplar Bluff Mo.

17. (a) BURIAL (b) Date thereof 11-5-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WOODLAWN

18. (a) Signature of funeral director Frank Cabell

(b) Address Poplar Bluff Mo.

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

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 [Signature] (M. D. or other) _____

Address Poplar Bluff Mo. Date signed 11-6-46

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

35000

RECEIVED

District Health Office No. 2,

District File Number 146-1344

Date Filed 7-1-15-46

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 John Clark

Licensed Embalmer No. 4216

P. O. Address Poplar Bluff, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.