

Registration District No. **43** Primary Registration District No. **3007**

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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 1/2 hrs**
(Specify whether

In this community _____
years, months or days)

3. (a) PRINT FULL NAME **JAMES ALFRED PRESSON 11**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **5 0**

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

7. Birth date of deceased **12-12-46**
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day, **1 hr. 30 min.**

9. Birthplace **Poplar Bluff Mo 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Child**

11. Industry or business _____

MOTHER FATHER

12. Name **JAMES ALFRED PRESSON**

13. Birthplace **Bertrand Mo. 0**
(City, town, or county) (State or foreign country)

14. Maiden name **BLANCHE LORETTA O'CONNOR**

15. Birthplace **Poplar Bluff Mo. 0**
(City, town, or county) (State or foreign country)

16. (a) Informant **James A. Presson**

(b) Address **Poplar Bluff Mo**

17. (a) **Burial** (b) Date thereof **12/13-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Catholic, Butler Co. Mo**

18. (a) Signature of funeral director **Frank Cobrell**

(b) Address **Poplar Bluff Mo**

19. (a) **12/19/46** (b) _____
(Date received local registrar) (Registrar's signature)

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. _____ (If rural, give location) **3**
(e) Citizen of foreign country? **NO** (Yes or No) **0**
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **12**
year **1946** hour _____ minute **3:00** P.M.

21. I hereby certify that I attended the deceased from **12-12** 19**46** to **12-12**, 19**46**
that I last saw him alive on **12-12**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Detached Placenta**

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy **160C**

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. of other) _____
Address **Poplar Bluff Mo** Date signed _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

2
7
3

38500

RECEIVED

District Health Office No. 2,

District File Number 1246-1490

Date Filed 12-27-46

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 W. W. Green
Licensed Embalmer No. 29644
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.