

No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 10 1947  
43

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH 3009 State File No. 376

Registration District No. 43 Primary Registration District No. 3009 5743 Registrar's No. 33

1. PLACE OF DEATH:  
(a) County Butler  
(b) City or town Poplar Bluff  
(c) Name of hospital or institution Poplar Bluff Hosp.  
(d) Length of stay: In hospital or institution about 7 hr.  
In this community 0 years 0 months 0 days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Butler 12  
(c) City or town Morocco  
(d) Street No. Ruse  
(e) Citizen of foreign country?  (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Janie Pickens  
(b) If veteran name war  
(c) Social Security No. 46-20-5882

4. Sex female 3  
5. Color or race black  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Unknown  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased 1-10-1903

8. AGE: Years 74 Months 0 Days 6  
If less than one day hr. min.

9. Birthplace Snylawood Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Landman

11. Industry or business

12. Name Unknown

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

14. Maiden name Leona Wallis  
(City, town, or county) (State or foreign country)

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

16. (a) Informant James Willis Williams  
(b) Address Poplar Bluff, Mo. O.D. Bldg.

17. (a) Burial (b) Date thereof 1-22-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morocco, Mo.

18. (a) Signature of funeral director Fred J. Smith  
(b) Address 3200

19. (a) 1/21/47 (b) Registrar's signature R. W. Minter  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 16  
year 1947 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 15 1947 to Jan 16 1947  
and that I last saw her alive on Jan 16 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Duration Unknown

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 83P  
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:  
(c) 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 R. W. Minter (M.D.)  
Address Poplar Bluff, Mo Date signed 1-21-47

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

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

MOTHER FATHER

RECEIVED  
District Health Office No. 2,  
District File Number 147-143  
Date Filed 1-30-42

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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 Fred J. Smith  
Licensed Embalmer No. 4408  
P. O. Address Sikeston, 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.**