

No. 2
M-5-43
7-5-17-39
I X36671

State File No. **4113**

FILED MAR 14 1947

Primary Registration District No. **3007**

Registrar's No. **96**

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 Lucy Lee Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

In this community 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon

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

(d) Street No. 20 mi. west of Doniphan
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Nora Christian Dale

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5 year 1947 hour 11:00 minute _____ P.M.

21. I hereby certify that I attended the deceased from March 5, 1947, to March 5, 1947, that I last saw her alive on March 5, 1947, 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 Miles R. Dale 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased March 17, 1890
(Month) (Day) (Year)

Immediate cause of death Acute Yellow Atrophy of Liver

Due to _____

Due to _____

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

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

56 11 18 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Riley Christian

13. Birthplace Oregon Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Frances Roberts

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

Major findings: _____

Of operations _____

Of autopsy _____

124B

16. (a) Informant Mrs. Dena Young

(b) Address Hornersville, Mo.

17. (a) Burial (b) Date thereof 2-7-47
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Doniphan Cemetery

18. (a) Signature of funeral director Black-Edwards

(b) Address Doniphan, Mo.

19. (a) 3-8-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Poplar Bluff, Mo. Date signed 3/6/47

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

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MAR 26 1947

RECEIVED

District Health Office No. 2

District File Number 347-34

Date Filed 3-12-47

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.

*No arterial embalming done
only cavities were treated.*

Signed *J. Wayne Adamson*

Licensed Embalmer No. 4351

P. O. Address Josephson, 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.