

FILED MAR 3 1947

Registration District No. _____

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
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution few hours
(Specify whether)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Norma Ella Height
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Charley Height
 6. (c) Age of husband or wife if alive 40 years
 7. Birth date of deceased April 25 1907
(Month) (Day) (Year)

8. AGE: Years 37 Months 9 Days 18
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 { 12. Name: John Underwood
 { 13. Birthplace: Arkansas
(City, town, or county) (State or foreign country)
 { 14. Maiden name: Anna Gross
 { 15. Birthplace: Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Charley Height

(b) Address Clarkston, Mo

17. (a) Burial (b) Date thereof 2-18-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stanfield

18. (a) Signature of funeral director Anderson Funeral Home
 (b) Address Campbell 7000

19. (a) Propst (b) R. Mettler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Dunklin
 (c) City or town Clarkston
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13th
 year 1947 hour _____ minute 4:30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus with metastasis
 Duration 1 year

Due to _____
 Due to _____

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

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy H&B
 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? _____

While at work? _____ (Specify type of place)
 (c) Means of injury _____

23. Signature F. E. Dwell (M. D. or other) _____
 Address Poplar Bluff Date signed 2/20/47

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

1273

RECEIVED
District Office No. 2,
District Number 247-280
Date filed 2-27-41

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 Christina M. Landers
Licensed Embalmer No. 4027
P. O. Address Campbell, 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.