No. 2
-12-45
-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1947

Registration District No. X

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3007

State File No. 4118

Registrar's No. 57

1. PLACE OF DEATH

(a) County Butler

(b) City or town Poplar Bluff Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ✓
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

(c) City or town Poplar Bluff Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 135 So. E. Street
(If rural, give location)

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

If yes, name country ✓

3. (a) PRINT FULL NAME Hattie Jones

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex female 3

5. Color or race Colored

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife .....

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

7. Birth date of deceased 2 (Month) 3 (Day) 1877 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	11	29	..... hr. ..... min.

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

10. Usual occupation House Keeper - (Sec. 4 years)

11. Industry or business ✓

FATHER
12. Name Amistard Jackson
13. Birthplace Springtown Mis (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Febia Unknown
15. Birthplace Springtown Mis (City, town, or county) (State or foreign country)

16. (a) Informant Alice Mountain (daughter)
(b) Address 135 So. E. Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-3-47 (Month) (Day) (Year)
(c) Place: burial or cremation Poplar Bluff, Mo.

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

19. (a) 2-4-47 (Date received local registrar) (b) Ato Menetree (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 2
year 1947 hour 6 minute A M.

21. I hereby certify that I attended the deceased from Oct. 1944 to 2-2- 1947
that I last saw her alive on 1-28 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Arteriosclerosis Chronic Nephritis

Due to .....

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

Major findings:
Of operations ✓

Of autopsy ✓

131B

Duration

PHYSICIAN

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?
(Specify type of place)

While at work? ✓ (e) Means of injury D

23. Signature [signature] (M. D. or other)

Address Poplar Bluff Mo. Date signed 2/3/47

35

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 241-239
Date Filed 2-14-41

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 Wallace M. Fitch

Licensed Embalmer No. 3859

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.