

FILED APR 24 1947

3007

170

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

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 _____ (Specify whether
in this community 7 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No. 1305 Main
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

12
7
3
0

3. (a) PRINT FULL NAME Nannie Mary Beaty

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

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Winchester Beaty
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased May 6 1874
(Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 5
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name W. J. Bailey

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

14. Maiden name Sarah Slonigher

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

16. (a) Informant Winchester Beaty

(b) Address Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof 4/13/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff, Mo.

18. (a) Signature of funeral director Greer Croy & Fitch

(b) Address Poplar Bluff, Mo.

19. (a) 4/18/47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
year 1947 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from 4-1 1947 to 4-11 1947
that I last saw her alive on 4-11 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis
Due to arteriosclerosis

Due to _____

Other conditions (include pregnancy within 3 months of death) 94A

Major findings: Of operations [Signature]
Of autopsy [Signature]

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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) (c) Means of injury _____

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

Address Poplar Bluff Mo Date signed _____

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

RECEIVED

District Health Office No. 2,

District File Number 447-610

Date Filed 4-22-47

MAY 26 1947

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.....

Johan M. Daniels....., Registered Apprentice No. 487
working under my personal supervision.

Signed William N. Fitch.....

Licensed Embalmer No. 2859

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.