

FILED MAY 14 1947

Registration District No. 43

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 1 DAY (Specify whether
In this community 1 DAY years, months or days)

3. (a) PRINT FULL NAME FRANCES SUE FINCH

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased: JAN. 2 1922
(Month) (Day) (Year)

8. AGE: Years 5 Months 4 Days 1 If less than one day — hr. — min.

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

10. Usual occupation —

11. Industry or business —

12. Name LUCEAN E. FINCH

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

14. Maiden name MARIE E. BROWN

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

16. (a) Informant LUCEAN E. FINCH

(b) Address GREENVILLE, MO.

17. (a) BURIAL (b) Date thereof MAY 5 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GREENVILLE MO

18. (a) Signature of funeral director J. W. [unclear]

(b) Address Greenville, Mo.

19. (a) 5-6-47 (b) [unclear]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County WAYNE
(c) City or town GREENVILLE
(If outside city or town limits, write "RURAL")
(d) Street No. NONE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 3RD
year 1947 hour 4 minute 25 A.M.

I hereby certify that I attended the deceased from (Two + one-half hours 2 1/2) 19— to — 19—;

that I last saw h— alive on — 19— and that death occurred on the date and hour stated above.

Immediate cause of death Diphtheria Laryngeal Duration —

Due to —

Due to —

Other conditions 10

(Include pregnancy within 3 months of death)

Major findings: Diphtherial plaque of trachea

Of operations — Of autopsy —

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) (e) Means of injury —

23. Signature Harlin Obernickson (M. D. or other) —

Address Poplar Bluff, Mo. Date signed 7 May 1947

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

MOTHER FATHER

RECEIVED
District Health Office No. 2,
District File Number 5-42-715
Date Filed 5-13-42

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.....

me....., Registered Apprentice No.....
working under my personal supervision.

Signed Marvin E. Bowler.....

Licensed Embalmer No. 4427.....

P. O. Address Piedmont, 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.