

FILED APR 18 1947

Registration District No. 43 Primary Registration District No. 3007

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

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 _____
 years, months or days)

3. (a) PRINT FULL NAME WHITTIE JUNE HARGRIVE
 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 SINGLE
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive ~~87~~ _____ years
 7. Birth date of deceased 4-5-47
 (Month) (Day) (Year)

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

9. Birthplace Poplar Bluff (City, town, or county) MO (State or foreign country)

10. Usual occupation _____
 11. Industry or business _____

MOTHER FATHER

12. Name Fanny Hargrove
 13. Birthplace Bulls (City, town, or county) (State or foreign country)
 14. Maiden name Willa Weller
 15. Birthplace Poplar Bluff (City, town, or county) (State or foreign country)

16. (a) Informant Fanny Hargrove
 (b) Address RFD # 2 Poplar Bluff Mo
 17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Apr 7-1947
 (Month) (Day) (Year)
 (c) Place: burial or cremation City of Poplar Bluff

18. (a) Signature of funeral director W. H. Sheffer
 (b) Address Poplar Bluff Mo
 19. (a) 4-10-47 (Date received local registry) (b) W. H. Sheffer (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APR day 5
 year 1947 hour 3 minute 30 P.M.
 21. I hereby certify that I attended the deceased from _____, 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 Premature Birth
(5 months)
 Due to Placental Abruption
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 159
 Of operations _____
 Of autopsy _____
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? _____

While at work? _____ (Specify type of place)
 (a) Means of injury _____
 23. Signature Frank E. Smell (M. D. or other) _____
 Address Poplar Bluff Mo Date signed 4/10/47

RECEIVED

District Health Office No. 2,

District File Number 44-7-584

Date Filed 4-14-47

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.

Signed *N. T. Phelps*

Licensed Embalmer No. 3231

P. O. Address *Caplan Bluff N.C.*

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.