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12-45  
17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED APR 18 1947**  
Registration District No. 43

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12610  
Registrar's No. 152

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:  
Warren St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community Life (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Butler 12  
(c) City or town Poplar Bluff 7  
(If outside city or town limits, write "RURAL")  
(d) Street No. Warren St. 3  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Arzula Thurman  
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 Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: Jan 14 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 2 22 hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Martin Fairless  
13. Birthplace Illinois (City, town, or county) (State or foreign country)  
14. Maiden name Lobby Simmons  
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Ernest Truman  
(b) Address Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof 4/8/47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bay Springs

18. (a) Signature of funeral director Greer Croy & Fitch  
(b) Address Poplar Bluff, Mo.

19. (a) 4-12-47 (b) R. M. Mentzer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6  
year 1947 hour 9 minute A M.

21. I hereby certify that I attended the deceased from Jane - 1946 to April 1947  
that I last saw her alive on 5 April 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of descending colon / year  
Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature R. M. Mentzer (M. D. or other) - M. D. \_\_\_\_\_  
Address Poplar Bluff, Mo. Date signed \_\_\_\_\_

RECEIVED

District Health Office No.

District File Number 447-5

Date Filed 4-14-47

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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.....

John Davies, Registered Apprentice No. 487  
working under my personal supervision.

Signed *Walla N. 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.