

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

FILED JUN 2 1947

State File No. _____

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 219

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 2 da
In this community Life (Specify whether 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. 441 Poplar
(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 14
year 1947 hour 7 minute 10 P. M.

21. I hereby certify that I attended the deceased from May 12 1947 to May 14 1947
that I last saw him alive on May 14 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Due to Arterio sclerosis of Coronary Artery
Due to _____

Duration 2 day

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____
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? _____
(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 [Signature] M. D. XXXX M. D.
Address Poplar Bluff, Mo. Date signed 5/12/47

3. (a) PRINT FULL NAME Dennis M. Githens

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Flora Dell Githens 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Nov. 1 1881
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>65</u> | <u>6</u> | <u>13</u> | hr. _____ min. _____ |

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

10. Usual occupation Retired businessman

11. Industry or business Mercantile

12. Name J. T. Githens

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

14. Maiden name Adelaide Dyer

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

16. (a) Informant Mrs. D. M. Githens

(b) Address Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof 5/17/47
(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) 5/22/47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 547-724

Date Filed 5-27-47

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.....

John M. Davies

....., Registered Apprentice No. 487

working under my personal supervision.

Signed William N. Fitzh

..... 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.