S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 2 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16649

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 218

1. PLACE OF DEATH:
(a) County BUTLER
(b) City or town POPLAR BLUFF, MO. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: POPLAR BLUFF HOSPITAL O (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)

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

3. (a) PRINT FULL NAME KATIE KING
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 WIDOWED
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased APRIL (Month) 4 (Day) 1870 (Year)

8. AGE: Years 76 Months 9 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace BOGARD (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business .....
FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
16. (a) Informant MRS R. EATON
(b) Address WILLIAMSVILLE, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 11 1947 (Month) (Day) (Year)
(c) Place: burial or cremation WILLIAMSVILLE CEMETERY
18. (a) Signature of funeral director Marshall Funeral Home
(b) Address Greenville Mo. J. E. Manning
19. (a) 5/22/47 (Date received local registrar) (b) R. Minnelee (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Feb. day 9 year 1947 hour 4:15 minute A M.
21. I hereby certify that I attended the deceased from 1-15, 1947, to 2-9, 1947; that I last saw her alive on 2-8, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia hypostatic	2 days
Due to: Myocarditis, chronic, with decompensation	Unknown
Due to:	
Other conditions: Arterial hypertension (Include pregnancy within 3 months of death)	Unknown

Major findings:
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? ..... (Specify type of place)
While at work? ..... (e) Means of injury 0

23. Signature J. W. Fonda (M. D. ~~or other~~)
Address Poplar Bluff, Mo. Date signed 3-13-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 547-773
Date Filed 5-27-47

S-4119

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 George W. Green

Licensed Embalmer No. 2964

P. O. Address Indian Bluff Me

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.