S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

16661

State File No.

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 228

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: Extention of FifthnSt. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 15 Yearx. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

(c) City or town Poplar B luff (If outside city or town limits, write "RURAL")

(d) Street No. Extention Of Fifth St. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME May Wallace

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 10th (Day) 1870 (Year)

8. AGE: Years 76 Months 11 Days 11 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Thomas Murray
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant John Wallace

(b) Address Chicago, Illinois.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-47 (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Frank-Cotrell Chapel

(b) Address Poplar Bluff, Missouri.

19. (a) 6/3/47 (Date received local registrar) (b) R H Mineter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 year 1947 hour 8 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 Burns (complete) Duration

Due to Burning of home

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

180-1

15

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) Accident

(b) Date of occurrence May 21-1947 128

(c) Where did injury occur? Poplar Bluff (City or town) (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? No (e) Means of injury home burn

23. Signature Grover W Green (M. D. or other) Coroner

Address Poplar Bluff Date signed 5/30/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 647-831
Date Filed 6-10-47

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 not embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed Jon Clark

Licensed Embalmer No. 4216

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.