

No. 2
-12-45
5-17-39
I X47070

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **23500**
Registrar's No. **275**

FILED JUL 30 1947

3007

Registration District No. _____ Primary Registration District No. _____

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: Brandon Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME THELMA JANICE SADLER

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 _____ years

7. Birth date of deceased June 11, 1946
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>1</u>	<u>4</u>	_____ hr. _____ min.

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

10. Usual occupation Child

11. Industry or business _____

12. Name Roy Sadler

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

14. Maiden name Thelma Armes

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

16. (a) Informant Roy Sadler

(b) Address Brosley, Missouri

17. (a) Burial (b) Date thereof July 16, 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brown Chapel-Butler Co., Mo.

18. (a) Signature of funeral director Frank Cotrell Chapel
(b) Address Poplar Bluff, Mo.

19. (a) 7/19/47 (b) W. L. Brandon
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler **12**

(c) City or town Brosley **0**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) **0**

(e) Citizen of foreign country? No. (Yes or No) **1**

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1947 hour 5:10 minute A.M.

21. I hereby certify that I attended the deceased from May 10, 1947
to July 15, 1947
that I last saw her alive on July 15, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Secondary anemia
Duration 7-1-47
5-10-47

Due to Bronchitis

Due to Malnutrition

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

Major findings:
Of operations _____

Of autopsy _____

106

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) _____
Means of injury _____

23. Signature W. L. Brandon (M. D. or other) **7-15-47**
Address 1124 N. Main, Poplar Bluff, Missouri

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number ~~247-292~~ 10

Date Filed 1-28-47

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 *Gene Clark*

Licensed Embalmer No. *4216*

P. O. Address *Toplar 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.