

No. 2
-12-45
5-17-39
K47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30499

FILED OCT 9 1947

State File No. _____

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 346

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

(d) Length of stay: In hospital or institution 8 da
Life (Specify whether years, months or days)

In this community _____

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. 10 Harper St. 3
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME Gloria Fuson

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 1

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Sept. 5 1947
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Leon Fuson 1)

13. Birthplace Butler Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Laverne Garrett 3

15. Birthplace Butler Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Leon Fuson
(b) Address Poplar bluff, Mo.

17. (a) Burial (b) Date thereof 9/15/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak ridge Cemetery

18. (a) Signature of funeral director Greer Croy & Fitch

(b) Address Poplar Bluff Mo.

19. (a) 10/13/47 (b) RH Minette
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13
year 1947 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 5
1947 to Sept 13 19 47
that I last saw her alive on Sept 13 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation Duration _____

Due to cardiac failure

Due to stelecken P. lung
prematurity, only weigh 2# 4oz at birth.

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

Major findings:
Of operations _____

Of autopsy 159

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 _____

23. Signature [Signature] (M. D. or other) _____
Address Poplar bluff Mo Date signed _____

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

RECEIVED

District Health Office No. 2,

District File Number 6047-1322

Date Filed 10-7-67

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.....

Licensed Embalmer No.....

P. O. Address.....

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.