S. No. 2
0M—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 SEP 30 '947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30511

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 334

1. PLACE OF DEATH:

(a) County BUTLER Poplar Bluff

(b) City or town ~~[illegible]~~ (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: POPLAR BLUFF HOSPITAL 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 WEEKS (Specify whether

In this community 6 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUTLER 12

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

(d) Street No. 6 Mi SW WAPPAPELLO, MO (If rural, give location)

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

If yes, name country ✓

3. (a) PRINT FULL NAME ELLA YOUNG

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 MARRIED

6. (b) Name of husband or wife OSCAR YOUNG 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased SEPT (Month) 2 (Day) - 1883 (Year)

8. AGE: Years 64 Months — Days 7 If less than one day ___ hr. ___ min.

9. Birthplace TIPTON CO (City, town, or county) IND 1 (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name MARSH BANION
13. Birthplace UNKNOWN 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name CAROLINE PIERCE
15. Birthplace IOWA 1 (City, town, or county) (State or foreign country)

16. (a) Informant OSCAR YOUNG

(b) Address RFD #3 POPLAR BLUFF, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-12-47 (Month) (Day) (Year)

(c) Place: burial or cremation HAMTOWN CEMETERY

18. (a) Signature of funeral director W.T. Phelps

(b) Address POPLAR BLUFF, MO

19. (a) 9-18-47 (Date received local registrar) (b) R.W. Minette (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 9 day 9 year 1947 hour 1:55 minute A M.

21. I hereby certify that I attended the deceased from 8 20, 1947, to 9-9, 1947 that I last saw her alive on 9-9-, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of heart

Due to Myocarditis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Cholecystectomy on 8-25-47

Of autopsy none

Duration

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 [signature] (M. D. ~~or other~~)

Address Poplar Bluff, Mo Date signed 9-15-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 947-1274
Date Filed 9-29-47

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 Philip J. Casserly, Registered Apprentice No. 108, working under my personal supervision.

Signed [illegible]

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.