

S. No. 2
FORM-5-43
REV. 5-17-39
I X38671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33803**
Registrar's No. **763**

Registration District No. **43**

Primary Registration District No. **3007**

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

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

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Arkansas** (b) County **Clay** **999**

(c) City or town **Corning** **3**
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? **n** (Yes or No) **2**

If yes, name country _____

3. (a) PRINT FULL NAME **Cora M. PENCE**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9** day **27**
year **1947** hour **5:00** minute **A** M.

21. I hereby certify that I attended the deceased from **9-19-47** to **9-27-47**
that I last saw her alive on **9-27-47**
and that death occurred on the date and hour stated above.

4. Sex **F** / 5. Color or race **W**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **George C. Pence**

6. (c) Age of husband or wife if alive **78** years

7. Birth date of deceased **December 26 1886**
(Month) (Day) (Year)

Immediate cause of death **Cerebral hemorrhage**

Due to **Arterio Sclerosis**

8. AGE: Years **61** Months **9** Days **2** If less than one day _____ hr. _____ min.

9. Birthplace **Corning, Arkansas**
(City, town, or county) (State or foreign country)

Due to _____

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

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER { 12. Name **William Dutz**

13. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy **83A**

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Katherine Maldon**

(b) Address **Corning Ark**

17. (a) Burial (b) Date thereof **Sept 30 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Corning Cemetery**

18. (a) Signature of funeral director **W. H. Guley**

(b) Address **Corning Ark**

19. (a) **10/15/47** (b) **R. W. Minette**
(Date received local registrar) (Registrar's signature)

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)

(e) Means of injury **6**

23. Signature **[Signature]** (M. D. number) _____

Address **Poplar Bluff, Mo** Date signed **10/27/47**

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

11/13/47

Pence

RECEIVED
District Health Office No. 2,
District File Number 1047-13-68
Date Filed 10-20-47

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.....

C. P. Schuman....., Registered Apprentice No. 223,
working under my personal supervision.

Signed..... W. D. Inby
Licensed Embalmer No. 263
P. O. Address..... Rector, Ark.

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.