

FILED NOV 13 1947

State File No. _____

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 381

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 _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard
(c) City or town Paxico - Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Paxico R. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary J. Rhodes
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
7. Birth date of deceased Feb 12 1862
(Month) (Day) (Year)

8. AGE: Years 85 Months 8 Days 19 If less than one day hr. _____ min. _____

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

10. Usual occupation House keeper

11. Industry or business James B. Ance

12. Name James B Ance
13. Birthplace Not known 9
(City, town, or county) (State or foreign country)
14. Maiden name Adaline Clark
15. Birthplace Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Clay S. Rhodes

(b) Address Paxico Mo

17. (a) Burial (b) Date thereof Nov 1 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Cem.

18. (a) Signature of funeral director or Plaid Morgan
(b) Address Paxico Mo

19. (a) 11-4-47 (b) R. H. Munroe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 29th
year 1947 hour 4:45 PM minute _____ M.
21. I hereby certify that I attended the deceased from Oct 27
1947 to Oct 29, 1947
that I last saw him alive on Oct 29, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death hypostatic pneumonia
Due to fractured hip causing
him to lay in bed for
Due to long time away from hospital
Other conditions (Include pregnancy within 3 months of death) 186A
Major findings: Of operations Fractured hip
Of autopsy _____

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) accident 103
(b) Date of occurrence 10-25-47
(c) Where did injury occur? 1 Home Paxico Mo
(City or town) (County) (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? _____ (e) Means of injury Fall
23. Signature R. H. Munroe (M. D. or other) 0
Address Poplar Bluff Mo Date signed 11-2-47

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

RECEIVED

District Health Office No. 2,

District File Number 147-1452

Date Filed 11-11-47

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.....

Lloyd S Morgan

Licensed Embalmer No. 3361

P. O. Address Advent 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.