No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

37231

FILED NOV 18 1947

Registration District No. X3

Primary Registration District No. 3007

State File No. 390

Registrar's No.

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

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

(d) Length of stay: In hospital or institution 0 (Specify whether
In this community 4 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missuri (b) County Stoddard 103

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

(d) Street No. 1
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME Martha McFarlen

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 Widow 2

6. (b) Name of husband or wife

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

7. Birth date of deceased June 7 (Month) 1880 (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
67	4	24	hr. min.

9. Birthplace Dexter (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name Wilson Smith
13. Birthplace Bloomfield, (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace " (City, town, or county) 9 (State or foreign country)

16. (a) Informant Frankie McFarlen
(b) Address Dexter, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-2-47 (Month) (Day) (Year)
(c) Place: burial or cremation Dexter, Mo.

18. (a) Signature of funeral director Watkins Funeral Ser
(b) Address Dexter, Mo.

19. (a) 11-12-47 (Date received local registrar) (b) R H Minetree (Registrar's signature) 25

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31
year 1947 hour minute 11 p.m.

21. I hereby certify that I attended the deceased from October 29th, 1947 to October 1, 1947;
that I last saw her alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Construction

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 12 B
Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Duration

PHYSICIAN

Underline the cause of 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 (Means of injury)

23. Signature [signature] M. D.

Address Poplar Bluff, Mo. Date signed 11/4/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1142-1479
Date Filed 11-17-47

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 Lyman J. Steele

Licensed Embalmer No. 2476

P. O. Address Hayster 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.

2B
45
X43880

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Dec

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

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE PERMANENT RECORD

DEC 1 1947

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:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

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

3. (a) PRINT FULL NAME Martha Mc Farlen
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 Wid
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive
7. Birth date of deceased June 7 1883 (Month) (Day) (Year)
8. AGE: Years 64 Months Days If less than one day hr. min.
9. Birthplace Mo (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 1947 year hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute heart failure	
Due to Generalized toxemia	
Due to Intestinal obstruction, cause unknown.	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations No operations	
Of autopsy None	

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 J. W. McDuffie (M. D. or other)
Address Poplar Bluff, Mo. Date signed 11-28-47

SUPPLEMENTARY

James W. McPheeters
Poplar Bluff, Mo

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