

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: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: about 5 years (Specify whether years, months or days)
In this community: about 5 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Butler
(c) City or town: Poplar Bluff
(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: Thomas Comer

3. (b) If veteran, name war: L
3. (c) Social Security No.: 415-20-1226

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 7
year: 1948 hour: 1 minute: 25 A.M.

21. I hereby certify that I attended the deceased from 3 Mar 1948 to 7 Mar 1948
that I last saw her alive on 3 Mar 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Infective enteritis
Cause undetermined

Duration

4 days

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings: 120A
Of operations:

Of autopsy:

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) 0
While at work? (c) Means of injury:

Signature: R. W. ... (M. D. or other) 9 Mar 48
Address: Poplar Bluff Mo Date signed:

5. Color or race: Red
6. (a) Single, widowed, married, 1
6. (b) Name of husband or wife: Marion Col (Separated)
6. (c) Age of husband or wife if alive: 31 years
7. Birth date of deceased: Aug 31 1882
(Month) (Day) (Year)

8. AGE: Years: 65 Months: 6 Days: 6
If less than one day:

9. Birthplace: Jackson Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: Unknown

12. Name: Unknown

13. Birthplace: Unknown
(City, town, or county) (State or foreign country)

14. Maiden name: Unknown

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

16. (a) Informant: Lillian one Duffy

(b) Address: 26 17a Belle Glade St. Louis Mo.

17. (a) Burial (b) Date thereof: 3-11-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Poplar Bluff Mo

18. (a) Signature of funeral director: Fred G Smith

(b) Address: Superior Mo

19. (a) 3-11-48 (b) R. W. ...
(Date received local registrar) (Registrar's signature)

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

2-1-48

RECEIVED

District Health Office No. 2

District File Number 347-368

Date Filed 3-15-48

MAR 13 1948

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. Cassady....., Registered Apprentice No. 108
working under my personal supervision.

Signed Wallace N. Fitch.....

Licensed Embalmer No. 3859.....

P. O. Address Caplan Bluff 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.