

S. No. 2  
DM-5-43  
7-5-17-39  
I X36671

Registration District No. **43** Primary Registration District No. **3007**

WRITE PLAINLY—USE 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: 848 Pine St 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 75 years  
years, months or days

**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. 848 Pine St  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Novella F. Greer

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 26  
year 1948 hour 9:00 minute \_\_\_\_\_ P. M

21. I hereby certify that I attended the deceased from MAR 1 '48  
19\_\_\_\_ to MAR 26 1948

that I last saw h. w alive on MAR 26 1948  
and that death occurred on the date and hour stated above,

4. Sex Fem. / 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 \_\_\_\_\_ years

7. Birth date of deceased July 17, 1864  
(Month) (Day) (Year)

Immediate cause of death dephykation Duration \_\_\_\_\_

**8. AGE:** Years 83 Months 7 Days 9 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to cardiac failure

Due to cardio-vascular renal disease

Other conditions (Include pregnancy within 5 months of death) \_\_\_\_\_

9. Birthplace Mayfield, Ky. (City, town, or county) (State or foreign country) 1

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**10. Usual occupation** At home

**11. Industry or business** AT home

**12. Name** John Wm + Mabry

**13. Birthplace** Mayfield, Ky. (City, town, or county) (State or foreign country) 1

**14. Maiden name** Elizabeth Jane Masley

**15. Birthplace** Mayfield, Ky. (City, town, or county) (State or foreign country) 1

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? \_\_\_\_\_

**16. (a) Informant** Greer W. Greer

(b) Address Poplar Bluff, Mo

**17. (a)** Burial (Burial, cremation, or removal) (b) Date thereof 3-28-48 (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn - Poplar Bluff, Mo

While at work \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address Poplar Bluff, Mo Date signed 3-24-48

**18. (a) Signature of funeral director** Frank Cottrell

(b) Address Poplar Bluff, Mo

**19. (a)** 4-2-48 (Date received local registrar) (b) [Signature] (Registrar's signature) 25

RECEIVED

District Health Office No. 2,

District File Number 448-447

Date Filed 4-5-48

**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 Scott A. Cobrett  
.....

Licensed Embalmer No. 3567

P. O. Address Poplar 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.**