

FILED APR 20 1948

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. \_\_\_\_\_

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 & location)

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

In this community 4 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

(c) City or town Advance 103  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME BEATRICE SPEARS

3. (b) If veteran, name war none

3. (c) Social Security No. 499-229139

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William S. Spears 6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased October 25, 1900  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21 year 1948 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from Feb 15, 1948, to Feb 21, 1948, and that death occurred on the date and hour stated above.

8. AGE: Years 47 Months 3 Days 26 hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace East Prairie Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation School Cafeteria

Immediate cause of death Agranulocytosis (malignant type) 12 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Joseph Marion Blake

13. Birthplace Not known  
(City, town, or county) (State or foreign country)

14. Maiden name Alice Belle Woods

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

16. (a) Informant Henry Spears  
(b) Address Advance, Mo.

17. (a) Burial (b) Date thereof Feb. 23, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morgan Memorial Park

18. (a) Signature of funeral director W. E. Morgan  
(b) Address Advance, Mo.

19. (a) \_\_\_\_\_ (b) MR. R. H. MINETREE  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations no

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

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 U

23. Signature: Frank E. Donnell (M. D. or other) M.D.  
Address February 25, Poplar Bluff

PHYSICIAN

Underline the cause to which death should be charged statistically.

ENCLOSED  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
APR 1 1948

MAY 5 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.....

*William A. Mayan*, Registered Apprentice No. *208*  
working under my personal supervision.

Signed *Lloyd S. Morgan*

Licensed Embalmer No. *3361*

P. O. Address *Advance, Ma*

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.