S. No. 300
M—10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15543

FILED JUN 4 1948

Registration District No. 43 — Primary Registration District No. 3007 — Registrar's No. 178

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

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: South 11th 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 Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler 12

(c) City or town Poplar Bluff 7 (If outside city or town limits, write "RURAL")

(d) Street No. South 11th St. 3 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country ____

3. (a) PRINT FULL NAME Florence Hampton Woolin

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Fem 1 5. Color or race W 6. (a) Single, widowed, married, divorced Divorced 3

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

7. Birth date of deceased May 13, 1892 (Month) (Day) (Year)

8. AGE: Years 56 Months 0 Days 6 If less than one day ____ hr. ____ min.

9. Birthplace Mound City, Illinois 1 (City, town, or county) (State or foreign country)

10. Usual occupation ____

11. Industry or business At home

FATHER
12. Name W. S. Backus
13. Birthplace unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ellen Woodruff
15. Birthplace Homestead, Illinois 1 (City, town, or county) (State or foreign country)

16. (a) Informant Bertha Hampton

(b) Address Poplar Bluff, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-20-48 (Month) (Day) (Year)

(c) Place: burial or cremation Butler County, Mo

18. (a) Signature of funeral director Frank Cotrell

(b) Address Poplar Bluff, Mo.

19. (a) 5-23-48 (Date received local registrar) (b) B. H. Minetree (Registrar's signature) 2.5

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1948 hour 8:05 A.M. minute ____ M.

21. I hereby certify that I attended the deceased from ~~May~~ Jan 48, 1948 to May 19, 1948 that I last saw her alive on May 1, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis Liver — Duration months

Due to General Edema — 8 weeks

Due to ____

Other conditions (Include pregnancy within 3 months of death) ____

Major findings: Of operations ____

Of autopsy ____

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 Alfred R. Lowe (M. D. or other)

Address Poplar Bluff Mo Date signed May 20-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 648-708
Date Filed 6-1-48

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. Cotrell

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.