No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 26 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

15554

State File No. 15554

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 172

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: Lucy Lee Hosp.
(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): 1 Day

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Ark. (b) County: Clay

(c) City or town: Moark
(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

999 3 0 2

3. (a) PRINT FULL NAME: John Anson Mikher

3. (b) If veteran, name war

3. (c) Social Security No. 498-14-4931

4. Sex: M

5. Color or race: W

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

6. (b) Name of husband or wife: Rhoda Hambrick

6. (c) Age of husband or wife if alive: 58 years

7. Birth date of deceased: Aug. (Month) 2 (Day) 1886 (Year)

8. AGE: Years 61 Months 7 Days 29 If less than one day hr. min.

9. Birthplace: Pahatka (City, town, or county) Ark. (State or foreign country)

10. Usual occupation: Carpenter

11. Industry or business

FATHER
12. Name: Rufus E. Mikher
13. Birthplace: Ark. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mathilda Muh Hollen
15. Birthplace: Ark. (City, town, or county) (State or foreign country)

16. (a) Informant: Rhoda Mikher
(b) Address: Moark, Ark

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4 2 48 (Month) (Day) (Year)
(c) Place: burial or cremation: Pahatka, Ark

18. (a) Signature of funeral director: C. O. Lehman
(b) Address: Conway, Ark

19. (a) 5/18/48 (Date received by local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 1 year 1948 hour 7:30 minute a M.

21. I hereby certify that I attended the deceased from 2-1, 1948, to 4-1, 1948, that I last saw him alive on 4-1, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Dilation — Duration

Due to: Cardiac failure

Due to: Thrombosis of Coronary from phlebitis L. Leg

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None

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: [illegible] M.D. (M. D. or other)

Address: Poplar Bluff, Mo. Date signed: 4-13-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 548-62
Date Filed 5-24-

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 C. R. Lehman

Licensed Embalmer No. 783 (ARK)

P. O. Address Corning Ark

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.