

MISSOURI DIVISION OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 15558
 Registrar's No. 179

FILED MAY 28 1948

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 Butter
 (b) City or town Poplar Bluff
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 639 South 8th St
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community Unknown years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butter
 (c) City or town Poplar Bluff
 (If outside city or town limits, write "RURAL")
 (d) Street No. 639 S. 8th St
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Cora Sheridan

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased Dec 5, 1868
 (Month) (Day) (Year)

8. AGE: Years 79 Months 5 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Sheridan

13. Birthplace White Co., Ill.
 (City, town, or county) (State or foreign country)

14. Maiden name Sattie Stokes

15. Birthplace White Co., Ill.
 (City, town, or county) (State or foreign country)

16. (a) Informant Dutcher Sheridan

(b) Address Poplar Bluff, Mo

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

(c) Place: burial or cremation Butter Co., Mo - Kearby Cem.

18. (a) Signature of funeral director Frank Coffell

(b) Address Poplar Bluff, Mo

19. (a) 5-23-48 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16 year 1948 hour 10:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from 5-8- _____, 1948, to 5-8- _____, 1948.
 that I last saw her alive on 5-8- _____, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Supertensioned Heart Disease

Due to _____
 Due to _____

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

Major findings:
 Of operations _____
 Of autopsy [Signature]

Duration _____
 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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature Frank E. D. Miller (M. D. or other) M.D.
 Address Poplar Bluff, Mo Date signed 5/18/48

RECEIVED

District Health Office No. 2,

District File Number 548-685

Date Filed 2-26-48

REC'D
JUN 1
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.....

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

Signed Scott A. Barrett

Licensed Embalmer No. 3567

P. O. Address Paplar Bluff, Ms

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.