

State File No. _____
 Registrar's No. 184

FILED JUN 4 1948
 Registration District No. 3

Primary Registration District No. 5143

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: Butler County Home 5
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Poplar Bluff, Mo. (Specify whether _____)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Butler
 (c) City or town Quilin Rural
(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 Eurella E. Dusch
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 20th
 year 1948 hour _____ minute 6:30 P.M.
 21. I hereby certify that I attended the deceased from May 15, 1948, to May 20, 1948
 that I last saw her alive on May 12, 1948
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 20 1862
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage
 Due to Arterio sclerosis
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day
85 11 0 hr. _____ min.

9. Birthplace Joppy Illinois
(City, town, or county) (State or foreign country)
 10. Usual occupation Housework

Major findings: Of operations _____
 Of autopsy _____
 PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
 11. Industry or business _____
 12. Name John Dusch
 13. Birthplace Unknown Illinois
(City, town or county) (State or foreign country)
 14. Maiden name Unknown Walker
 15. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)
 16. (a) Informant Verba Dusch
 (b) Address Quilin, Missouri
 17. (a) Burial (b) Date thereof 5-22-48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Quilin Cemetery
 18. (a) Signature of funeral director Landers Funeral Home
 (b) Address Campbell Missouri
 19. (a) 5/28/48 (b) A. Menete
(Date received local registrar) (Registrar's signature)

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 [Signature] (M.D. or other) _____
 Address Poplar Bluff, Mo. Date signed 5-26-48

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

RECEIVED

District Health Office No. 2,

District File Number 648-713

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 Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.