

FILED JUL 21 1948

Registration District No. 3

Primary Registration District No. 3007

Registrar's No. 232

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. 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... (Specify whether
 In this community 1 DAY years, months or days)

3. (a) PRINT
FULL NAME

EMMA JANE GHASCO
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 1
 6. (b) Name of husband or wife J. T. Ghasco 6. (c) Age of husband or wife if alive 72 years
 7. Birth date of deceased 7 13 1880
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 9 13 hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name JOHNATHAN CHORICE
 13. Birthplace Ill.
 (City, town, or county) (State or foreign country)
 14. Maiden name CHORICE REXROAD
 15. Birthplace Ill.
 (City, town, or county) (State or foreign country)

16. (a) Informant J. T. Ghasco

(b) Address REYNO ARK

17. (a) Burial (b) Date thereof 5 9 48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation REYNO, ARK.

18. (a) Signature of funeral director C. D. Lehman

(b) Address COAN, MO.

19. (a) 7-15-48 (b) C. D. Lehman
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State ARK (b) County RANDOLPH
 (c) City or town REYNO
 (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.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
 year 1948 hour 13 minute 02 A.M.

21. I hereby certify that I attended the deceased from May 5 1948 to May 6 1948
 that I last saw him alive on May 6 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Heart Failure Duration

Due to Severe Shock

Due to Multiple Internal and External Injuries

Other conditions
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations

Of autopsy 1 3 4

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) Accident 136

(b) Date of occurrence May 5, 1948

(c) Where did injury occur? On Hwy 67 in Arkansas
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place

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

3. Signature J. W. McPheeters (M. D. or other) Mo.

Address Poplar Bluff, Mo. Date signed 5-17-48

RECEIVED
District Health Office
District File Number 244
Date Filed 7-6

AUG 2 1946

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. D. Schwan

Licensed Embalmer No. 783 (A.R.)

P. O. Address CORNING, A.R.

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.