

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 242

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

3. (a) PRINT FULL NAME Edith Anna Sallee
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 Married
6. (b) Name of husband or wife George Sallee 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 1 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 8 18 hr. _____ min.

9. Birthplace Poplar Bluff, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Elsie Pleasants
13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Glenn
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant George Sallee
(b) Address Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof 7/22/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Poplar Bluff, Mo.

18. (a) Signature of funeral director Greer Croy & Fitch
(b) Address Poplar Bluff, Mo.

19. (a) 7-26-48 (b) B. M. Miquel
(Date received local registrar) (Registrar's signature) 25

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12
(c) City or town Poplar Bluff 11
(If outside city or town limits, write "RURAL.") 3
(d) Street No. 1105 Grand 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19
year 1948 hour 11 minute 55 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw her alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation Durgation
Cardiac Failure
Cerebral Thrombosis
Due to _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
Signature B. M. Miquel (M. D. or D.O.) MD
Address Poplar Bluff, Mo. Date signed _____

RECEIVED

District Health Office No.

District File Number 148-9

Date Filed 7-29-9

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.....

P

....., Registered Apprentice No.....

working under my personal supervision.

Signed Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Regina Bloop Mrs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.