

No. 2
-12-45
5-17-39
X47070

State File No. **32148**
Registrar's No. **375**

FILED NOV 9 1948

Registration District No. **43** Primary Registration District No. **3007**

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:
POPLAR BLUFF HOSPITAL D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 Weeks** (Specify whether years, months or days)

In this community **25 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **BUTLER** ¹²

(c) City or town **POPLAR BLUFF** ^D
(If outside city or town limits, write "RURAL")

(d) Street No. **Highway #53** ¹
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME **SALLIE MAY PHIPPS**

3. (b) If veteran, name war **—**

3. (c) Social Security No. **—**

4. Sex **FEMALE** 5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive **—** years

7. Birth date of deceased **Dec 27 1880**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	10	4	hr. min.

9. Birthplace **ARLINGTON KY 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business

MOTHER FATHER { 12. Name **HENRY JONES** ⁹

13. Birthplace **UNKNOWN** (City, town, or county) (State or foreign country)

14. Maiden name **MAY KATHERINE BRANNON**

15. Birthplace **PENNSCOT CO MO D** (City, town, or county) (State or foreign country)

16. (a) Informant **Harry Phipps**

(b) Address **Danville Ill**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **Nov. 4-1948**
(Month) (Day) (Year)

(c) Place: burial or cremation **WOODLAWN CEM.**

18. (a) Signature of funeral director **Dr. D. Phipps**

(b) Address **Poplar Bluff Mo**

19. (a) **11/6/48** (Date received local registrar) (b) **[Signature]** (Registrar's signature) **25**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOV** day **18th**
year **1948** hour **1** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Oct 15 1948** to **Nov 1 1948**
that I last saw her alive on **Nov 1 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute dilatation of heart** Duration **—**

Due to **myocardial degeneration**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations **93D**

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) (c) Means of injury **D**

23. Signature **[Signature]** (M. D. or other) Address **Poplar Bluff Mo** Date signed **11-5-48**

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

RECEIVED

District Health Office No.

District File Number 11-8-44

Date Filed 11-8-44

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.....

Marshall & Blackwell....., Registered Apprentice No. 293
working under my personal supervision.

Signed N. T. Phelps.....

Licensed Embalmer No. 3231

P. O. Address Paplar Bluff 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.