

7. S. No. 2
DOM-5-43
ev. 5-17-39
1 X3667

FILED FEB 13 1947

State File No. _____

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 50

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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month
(Specify whether years, months or days)

In this community 50 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

(c) City or town Malden
(If outside city or town limits, write "RURAL")

(d) Street No. 114 N. Madison
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary E. Bostic

3. (b) If veteran, name war. no

3. (c) Social Security No. no

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Charles H. Bostic

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

7. Birth date of deceased February 9, 1871
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25
year 1947 hour 12 minute 45 A. M.

21. I hereby certify that I attended the deceased from Dec 23
1946 to Jan 12, 1947

that I last saw her alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

<u>75</u>	<u>11</u>	<u>16</u>	hr. min.
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Immediate cause of death Asphyxiation Duration _____

Due to Cardiac failure

Due to pernicious Anemia

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

9. Birthplace Point Pleasant, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Major findings:
Of operations _____

Of autopsy 173A

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business None

MOTHER FATHER { 12. Name Martin T. Dunklin

13. Birthplace New Madrid Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Julia Lesieur

15. Birthplace New Madrid Co. Mo.
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mrs. Ethel Doris

(b) Address Hayti, Missouri

17. (a) Burial (b) Date thereof 1-26-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

While at work (Specify type of place) _____ (e) Month of issue _____

23. Signature [Signature] (M. D. or other) _____

Address Poplar Bluff, Mo. Date signed _____

18. (a) Signature of funeral director [Signature]

(b) Address Malden, Missouri

19. (a) 1-31-47 (b) R.H. Nunez
(Date received local registrar) (Registrar's signature)

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

27
3

RECEIVED

District Health Office No. 2

District File Number 247-216

Date Filed 2-7-47

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

J. W. Schuman

Licensed Embalmer No. 4086

P. O. Address. Malden

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.