

10316

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

Registration District No. 89Primary Registration District No. 3007

## 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:  
Lucy Lee Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 days  
 (Specify whether  
 In this community 16 years  
 years, months or days)

3. (a) PRINT FULL NAME 530 Ella O. Ward

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 Widow  
 6. (b) Name of husband or wife Edd 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Oct. 30 1963  
 (Month) (Day) (Year)

8. AGE: Years 76 Months 4 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Brampton, Ontario, Canada  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 { 12. Name Charles Wilcox  
 { 13. Birthplace Cookville, Ontario, Can.  
 (City, town, or county) (State or foreign country)  
 { 14. Maiden name Sarah Harris  
 { 15. Birthplace Cookville, Ontario, Canada  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edwin Ward  
 (b) Address St. Louis, Mo.

17. (a) Burial (b) Date thereof Mar. 24, 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Woodlawn

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

19. (a) 3/25/40 (b) Oboltinger  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler  
 (c) City or town Poplar Bluff, Mo.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 215 Euclid Ave  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. Unknown years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20  
 year 1940 hour 3:10 minute P M.

21. I hereby certify that I attended the deceased from  
March 18, 1940 to March 20, 1940, 19\_\_\_\_;  
 that I last saw h. er. alive on March 20, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Lobar Pneumonia

Due to \_\_\_\_\_  
Asthma

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 sta-  
 tistically.

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 J. W. McArthur (M. D. or other) MD  
 Address Poplar Bluff, Mo. Date signed 3-22-40

(Licensed Embalmer's Statement on Reverse Side)

**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 Grover W Green

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff

**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, above space should be left blank.**