

Registration District No. 89Primary 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: 222 Arthur St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 years
 (Specify whether years, months or days)

8. (a) PRINT FULL NAME F. Faye Pliley 14408. (b) If veteran, name war _____ 8. (c) Social Security No. none4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Allen 6. (c) Age of husband or wife if alive 52 yrs years7. Birth date of deceased March 19 1911
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
29 2 26 hr. min.9. Birthplace Spirit Lake Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business housewife12. Name John Clabaugh13. Birthplace Unknown
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Allen Pliley(b) Address 222 Arthur St.17. (a) Burial (b) Date thereof June 18, '40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Woodlawn cemetery18. (a) Signature of funeral director Greer-Croy Funeral Ser(b) Address 442 Vine, Poplar Bluff, Mo19. (a) 6-18-40 (b) Blutsinger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
 (c) City or town Poplar Bluff
 (If outside city or town limits, write "RURAL")
 (d) Street No. 222 Arthur
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15th
year 1940 hour 8 minute A.M.21. I hereby certify that I attended the deceased from 6-12, 1940, to 6-15, 1940
that I last saw her alive on 6-12, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Subacute pneumonia

Due to _____

Due to 10

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

Major findings: Of operations _____

Of autopsy _____

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? At home(Specify type of place) _____
(a) Means of injury _____23. Signature Wm. H. H. H. (M. D. or other) _____Address Poplar Bluff, Mo Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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.....

E. J. Brentlinger....., Registered Apprentice No. *208*
working under my personal supervision.

Signed *Wallace N. Fitch*.....

Licensed Embalmer No. *3859*.....

P. O. Address.....

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21318

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Caplan Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Elizabeth Specify whether
years, months or days Elizabeth Jaye Pliley

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME E. Jaye Pliley

(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased. (Month) _____ (Day) _____ (Year) _____

8. AGE: Years 29 Months 2 Days 26 If less than one day _____

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

MOTHER FATHER

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

15. Birthplace. (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof. (Month) _____ (Day) _____ (Year) _____

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 7/31/40 (b) Obelutinger
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH. Month June day 6
year 1970 hour _____ minute _____ M. _____

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

Immediate cause of death _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 H. V. Jerryichyan (M.D. or other) _____

Address Caplan Bluff _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

