

17-39
X23159

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 338

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

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. 426 marion ave
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8
year 1940 hour 5.45 minute 0 P. M.

21. I hereby certify that I attended the deceased from 11-8- 1940 to 11-8- 1940
that I last saw her alive on 11-8-40, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia 8 days

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? 801
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature W. S. Sallee M.D. (M. D. or other) _____
Address Poplar Bluff mo Date signed 11/18/40

3. (a) PRINT FULL NAME Thelma Jane Sallee

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 infant

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased July 13 1939
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 3 22 hr. _____ min.

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

10. Usual occupation Shop

11. Industry or business _____

12. Name William Sallee

13. Birthplace Wayne Co mo
(City, town, or county) (State or foreign country)

14. Maiden name Goldie Edwards

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

16. (a) Informant William Sallee

(b) Address 426 Marion Poplar Bluff mo

17. (a) Burial (b) Date thereof 11-10-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation city

18. (a) Signature of funeral director Frank Mortuary

(b) Address Poplar Bluff mo

19. (a) 11/10/40 (b) Blutinger
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

1072

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 Bluffs

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38 247
State File No. ~~38~~ 246
Registrar's No. 338

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 89

Primary Registration District No. 3007

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

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

3. (a) PRINT FULL NAME Thelma Jane Dallee

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 7 5. Color or race w 6. (a) Single, widowed, married, divorced in

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 Months Days If less than one day
1 3 22 _____ hr. _____ min.

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

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) _____ (b) _____ (Date received local registrar) (Registrar's signature)

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.

20. DATE OF DEATH Month 11 day 8 year 1940 hour _____ minute _____ M.

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

Immediate cause of death Bronchitis pneumonia (Primary)
Due to No complications
Due to _____

Other conditions _____ (Include pregnancy within 3 months of death) 107W

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 St. S. Slay (M. D. or other) _____
Address Poplar Bluff Mo. Date signed 1/24/40

SUPPLEMENTARY

Duration 6 days
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

