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X23139

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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

4792

State File No. ....

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 121

1. PLACE OF DEATH: Butler  
 (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 Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 day  
(Specify whether in this community years, months or days)  
Life in Butler County

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Butler / 2  
 (c) City or town Fisk / 0  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 0  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Jeanetta Francis Young

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

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced divorced

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

7. Birth date of deceased October 22 1921  
(Month) (Day) (Year)

8. AGE: Years 19 Months 4 Days 19 If less than one day  
hr. min.

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

10. Usual occupation Housework

11. Industry or business. ....

MOTHER FATHER { 12. Name J. A. Crow  
 13. Birthplace Saline County / Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Ina York  
 15. Birthplace Saline County / Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. A. Crow  
(b) Address Fisk, Mo.

17. (a) Burial (b) Date thereof 3-13-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Roberts Cemetery Gish Funeral Home

18. (a) Signature of funeral director Naylor, Missouri  
(b) Address 3/12/41

19. (a) 3/12/41 (b) Kate Lutz  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 11  
year 1941 hour 8 minute 20 A.M.

21. I hereby certify that I attended the deceased from March 10, 1941, to March 11, 1941;  
that I last saw her alive on March 11, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia  
Due to Probable Chertose

Due to 1478

Other conditions 1478  
(Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings:  
 Of operations  
 Of autopsy  
 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? Yes (Specify type of place) (b) Means of injury

23. Signature [Signature] (M. D. or other) [Signature]  
Address Poplar Bluff, Mo. Date signed 3/12/41

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

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**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.....

Licensed Embalmer No.....

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, fact should be so stated above.**

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Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH Butler  
 (a) County Poplar Bluff, Mo.  
 (b) City or town \_\_\_\_\_  
 (c) Name of hospital or institution Poplar Bluff Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 day  
 In this community Life in Butler County  
 years, months or days \_\_\_\_\_

3. (a) PRINT FULL NAME Jeanetta Francis Young

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive 22 years 1921

7. Birth date of deceased October (Month) 22 (Day) 1921 (Year)

|         |           |          |           |                             |
|---------|-----------|----------|-----------|-----------------------------|
| 8. AGE: | Years     | Months   | Days      | If less than one day        |
|         | <u>19</u> | <u>4</u> | <u>19</u> | <u>2</u> hr. <u>10</u> min. |

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

10. Usual occupation Housework

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

12. Name J. A. Crow

13. Birthplace Saline County Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Indiana

15. Birthplace Saline County Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. A. Crow

(b) Address Fisk, Mo.

17. (a) Burial (b) Date thereof 3-13-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Roberts Cemetery

18. (a) Signature of funeral director Gish Funeral Home

(b) Address Naylor, Missouri

19. (a) 3/12/41 (b) Kate Lutz  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Butler  
 (c) City or town Fisk  
 (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March, day Eleventh, year 1941, hour 8, minute 30 a.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 Blood Poison

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

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

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy Septicemia

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 \_\_\_\_\_

23. Signature Alfred McGee Coroner

Address Poplar Bluff, Mo. Date signed 3-12-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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

*Bryan C. McCord*

Licensed Embalmer No. *4079*

P. O. Address *Naylor, 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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 4792

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**  
Butler leo  
(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 Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
In this community Life in Butler County (Specify whether years, months or days)

8. (a) PRINT FULL NAME Jeanetta Francis Young  
8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife 41 years  
7. Birth date of deceased October 22 1921  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days      | If less than one day |
|---------|-----------|----------|-----------|----------------------|
|         | <u>19</u> | <u>4</u> | <u>19</u> | <u>hr. min.</u>      |

9. Birthplace Neelyville, Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housework

11. Industry or business \_\_\_\_\_  
12. Name J. A. Crow  
18. Birthplace Saline County Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name INA YORK  
15. Birthplace Saline County Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. A. Crow  
(b) Address Fisk, Mo.  
17. (a) BURIAL (b) Date thereof 3-13-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Roberts

18. (a) Signature of funeral director Gish Funeral Home  
(b) Address Naylor, Missouri  
19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Butler  
(c) City or town Fisk  
(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.

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month March day 11  
year 1941 hour 9 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
and that I last saw her alive on March 11th, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemic infection  
influenza  
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 Dr. H. A. Smith (M.D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

**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.....

Licensed Embalmer No.....

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.**