

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6393

State File No. _____

Registrar's No. 72

FILED MAR 11 1941 89
Registration District No. _____

Primary Registration District No. 3007

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7
3
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(c) 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: Brandon Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)
In this community 4 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12
(c) City or town General Delivery
(If outside city or town limits, write "RURAL") 7
(d) Street No. Poplar Bluff, Missouri 3
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Dicie Reed

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

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

7. Birth date of deceased July 19, 1912
(Month) (Day) (Year)

8. AGE: Years 28 Months 6 Days 27 If less than one day hr. _____ min. _____

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

10. Usual occupation house keeper

11. Industry or business self

12. Name Jim Skelton

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

14. Maiden name Unknown

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

16. (a) Informant Mr. Jackson

(b) Address Poplar bluff, Mo

17. (a) Burial (b) Date thereof 2/17/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation County Cemetery

18. (a) Signature of funeral director Greer-Croy

(b) Address Poplar Bluff, Missouri

19. (a) 2/20/41 (b) Kate Lutz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 17
year 1941 hour 2:30 minute _____ A. M.

21. I hereby certify that I attended the deceased from Feb 15
1941 to Feb 17 1941
that I last saw her alive on Feb 16 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Cardiac dilatation 2/17/41
Lobar pneumonia 2/10/41

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?

(Specify type of place) _____
While at work? _____ (c) Means of injury _____
23. Signature Lo L. Hualla (M.D. or other) PHS
Address Poplar Bluff, Mo Date signed 2/18/41

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.