

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 110

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) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler  
(c) City or town Poplar Bluff Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 916 Cherry (If Rural, give location) B  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27  
year 1941 hour 3 minute 10 A.M.

21. I hereby certify that I attended the deceased from Jan, 1941, to Feb 27, 1941;  
that I last saw her alive on Feb - 25, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage from cancer 6 weeks  
Duration

Due to Probable carcinoma of sigmoid

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) 46

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy na  
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? 46  
(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Signature W. B. ... (M. D. or other) \_\_\_\_\_  
Address Poplar Bluff Mo Date signed 3-3-41

3. (a) PRINT FULL NAME Maudie Pyle  
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, married

6. (b) Name of husband or wife Kinchen Pyle 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Jan, 23 1878  
(Month) (Day) (Year)

8. AGE: Years 63 Months 1 Days 4 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Lexington / Tenn.  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

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

MOTHER FATHER { 12. Name unknown  
18. Birthplace unknown (City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Kinchen Pyle

(b) Address 916 Cherry st

17. (a) Burial (b) Date thereof 3-1-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director Frank Mortuary

(b) Address Poplar Bluff Mo

19. (a) 3/5/41 (b) Kate Lutz  
(Date received local registrar) (Registrar's signature)

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

*Grover W. Green*

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff, 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, above space should be left blank.**