

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24638**

AUG 12 1941

Registration District No. **89**

Primary Registration District No. **3007**

Registrar's No. **307**

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:
118 South B. Street
(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)

3. (a) PRINT FULL NAME Ellen Boyd Stokley

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 2

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

7. Birth date of deceased Sept. 17 1867
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|-----------|-----------|----------------------|
| <u>73</u> | <u>10</u> | <u>13</u> | hr. _____ min. _____ |

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

10. Usual occupation _____

11. Industry or business _____

12. Name Joseph L. Sewell

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

14. Maiden name Sarah L. Mitchell

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

16. (a) Informant Mrs. Nettie Rogers
(b) Address 118 South B. Street

17. (a) Burial (b) Date thereof Aug. 2, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairdealng, Missouri

18. (a) Signature of funeral director Frank Mortuary
(b) Address Poplar Bluff, Missouri

19. (a) 8-4-41 (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 Poplar Bluff
(If outside city or town limits, write "RURAL")

(d) Street No. 118 South B. Street
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 30 day _____
year 1941 hour 11 minute 35 AM.

21. I hereby certify that I attended the deceased from Jan. 20,
1940 to July 20, 1941.
that I last saw her alive on July 30, 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia 3 days.

Due to _____

Due to Serility

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

23. Signature J. Beckman (M. D. or other) 0
Address Poplar Bluff, Mo. Date signed 8/4/41

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 841-10-44

Date Filed 8-11-41

107
1-8-
15X 1

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 Chover 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.

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STANDARD CERTIFICATE OF DEATH

State File No. 24638

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 307

1. PLACE OF DEATH:

- (a) County: Butler
- (b) City or town: Opolar Bluff
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution: 118 South B Street
(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)

3. (a) PRINT FULL NAME: Ellen B. Stobley

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

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

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: 73 Months: 10 Days: 10 If less than one day min.

9. Birthplace: Warrens Co. Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

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) (Burial, cremation, or removal) (b) Date thereof: (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) 9-23-41 (b) Belle Kinne
(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) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 23 Year 1941 Hour 10 Minute..... M.

21. I hereby certify that I attended the deceased from 9 to 19; that I last saw him/her alive on 19; and that death occurred on the date and hour stated above. Immediate cause of death.....

Duration

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?..... (e) Means of injury.....

23. Signature..... (M. D. or other).....

Address..... Date signed.....

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

SUPPLEMENTARY

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by proper documentation, such as receipts and invoices. This ensures transparency and allows for easy verification of the data.

In the second section, the author outlines the various methods used to collect and analyze the data. This includes both qualitative and quantitative approaches, as well as the use of statistical software to process large datasets. The goal is to identify trends and patterns that can inform decision-making.

The third section provides a detailed analysis of the results. It compares the findings against the initial hypotheses and discusses any discrepancies. The author also highlights the strengths and limitations of the study, providing a balanced view of the research.

Finally, the document concludes with a series of recommendations based on the findings. These suggestions are aimed at improving the efficiency of the processes and addressing the challenges identified during the study. The author expresses confidence in the value of the research and its potential impact on the field.