No. 2
-1-4-41
5-17-39
I X26390

FILED AUG 12 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24638

Registration District No. 89 | Primary Registration District No. 3007 | Registrar's No. 307

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

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 years, months or days) In this community: 1

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

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: W

6. (b) Name of husband or wife: ____

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

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

8. AGE: Years 73 | Months 10 | Days 13 | If less than one day ____ hr. ____ min.

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

10. Usual occupation: ____

11. Industry or business: ____

FATHER
12. Name: Joseph L. Sewell
13. Birthplace: unknown (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name: Sarah L. Mitchell
15. Birthplace: unknown (City, town, or county) Arkansas (State or foreign country)

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

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 2, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Fairdealing, Missouri

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

19. (a) 8-4-41 (Date received local registrar) (b) Kate Lutz (Registrar's signature)

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 June 20, 1941 to July 30, 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	Duration
Bronchopneumonia	3 days
Due to	
Due to Senility	
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: J. Keet Arnold (M. D. or other) D
Address: Poplar Bluff Date signed 8/4/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 841-10-44
Date Filed 8-11-41

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 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, fact should be so stated above.

S. No. 2B
1—8-21-41
I 79288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

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 Poplar 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 years, months or days)
In this community .....

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 .....

3. (a) PRINT FULL NAME Ellen B. Stokley
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 ..... If less than one day ..... hr. ..... min.

9. Birthplace Warren Co. (City, town, or county) Tenn (State or foreign country)
10. Usual occupation Housewife
11. Industry or business .....

FATHER
12. Name .....
13. Birthplace ..... (City, town, or county) ..... (State or foreign country)

MOTHER
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 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31 year 1941 hour ..... minute ..... 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	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)
(b) 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 ..... (M. D. or other) .....
Address ..... Date signed .....

SUPPLEMENTARY