

FILED DEC 10 1941
Registration District No. _____

Primary Registration District No. 3007

Registrar's No. 4421

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff *city*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Accident; On old highway 67
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution sudden
In this community 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler / 2
(c) City or town Poplar Bluff 0
(If outside city or town limits, write "RURAL")
(d) Street No. Rural route # 1 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 14
year 1941 hour 4:00 minute 10 P.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 Automobile accident
Auto driven by her son

Duration

Due to Head on collision with telephone pole

Due to Steering gear stuck and brakes failed to work

Other conditions No other car involved
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None necessary

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) accident 25

(b) Date of occurrence November 14, 1941

(c) Where did injury occur? Poplar Bluff, Butler Co.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In public place, on highway

While at work? no (Specify type of place)
(e) Means of injury Auto accident

23. Signature Alfred M. Green Coroner (M. D. or other)

Address Poplar Bluff Mo Date signed 11/14/41

3. (a) PRINT FULL NAME Charlotte Pry

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 widowed 2

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

7. Birth date of deceased January 15, 1863
(Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days 29 If less than one day hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business self

12. Name Iyers

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

14. Maiden name Louisa Holley

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

16. (a) Informant Mrs. James Lampkin

(b) Address Harviell, Missouri

17. (a) Burial (b) Date thereof November 16,
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sparkman Cemetery

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

(b) Address Poplar Bluff, Missouri

19. (a) 11-18-41 (b) Belcher
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Office No. 2

District File Number 1241-164

Date Filed 22/5/41

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. 3474

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.