

DECEASED DEC 10 1941
Registration District No. 1819

Primary Registration District No. 3007

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff, Mo. With
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether Years _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town Bloomfield (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME

Louise Edwards

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Deceased (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 5-8-1866
(Month) (Day) (Year)

8. AGE: Years 75 Months 6 Days 17
If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Jonathan Barham
13. Birthplace N. C.
(City, town, or county) (State or foreign country)
14. Maiden name Dwiggins
15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Tom Edwards

(b) Address Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof 11-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bloomfield, cemetery

18. (a) Signature of funeral director Chiles Und. Co.

(b) Address Bloomfield, Mo.

19. (a) 11-29-41 (b) Belle Kinne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25th
year 1941 hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from 11-20, 1941, to 11-25, 1941;
that I last saw him alive on 11-25, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Coma
Due to Diabetic Mellitus

Other conditions 61
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

Duration _____
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) no
(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) Manner of injury _____
23. Signature [Signature] (M. D. or other) _____
Address Poplar Bluff, Mo Date signed 11-29-41

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

RECEIVED

District Health Office No. 2,

District File Number 1241-1618

Date Filed 12/5/41

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 Deceased was not embalmed.

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.