

FILED JUN 9 1943
Registration District No. 72

Primary Registration District No. 5142

Registrar's No. 167

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Rural, Rt. 3, 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)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 5 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rt. 3, Poplar Bluff
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jessie Autry

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 Everett 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 23, 1912
(Month) (Day) (Year)

8. AGE: Years 30 Months 11 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Bates
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Sally
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Everett Autry
(b) Address Rt. 5, Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof May 26, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Patterson, Missouri
Greer Croy Funeral Serv.

18. (a) Signature of funeral director Poplar Bluff, Mo.

19. (a) 5-28-43 (b) Della Kinne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1943 hour 6:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from May 24
1943 to May 24 1943
that I last saw her alive on May 24 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Acute

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy 1 h

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) _____
(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. P. M. Daniel (M. D. or other) _____
Address Poplar Bluff, Mo. Date signed _____

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

MOTHER, FATHER

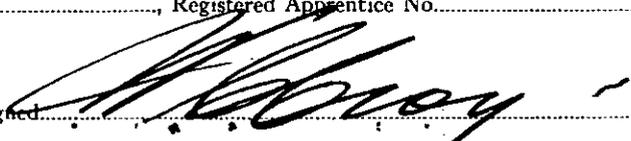
5-27-43

SUN 9 1923

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..... 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.

Registration District No. 43 Primary Registration District No. 5143

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

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Rural
(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)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Jessie Aubrey
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 m
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 23 1894
(Month) (Day) (Year)

8. AGE: Years 30 Months 11 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Registrar's signature)
(Date received local registrar)

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 May day 4 year 1943 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Poison Acute
Due to Acute Nephritis
Due to Complicated & with maloid fever
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 282
Of autopsy _____

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. Ross David (M. D. or other) _____
Address Phys. Dept. MO Date signed _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

J. R. McDaniel

P. R. M. O.

17443