

Registration District No. 43

Primary Registration District No. 3007

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 Poplar Bluff Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Out of 2 days  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12

(c) City or town Rural, Fisk, Mo.  
(If outside city or town limits, write "RURAL") 1

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Imogene CLARK

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 19  
year 43 hour 6:30 minute P M.

21. I hereby certify that I attended the deceased from 8-17, 1943, to 8-19, 1943;  
that I last saw him alive on 8-19, 1943;  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Raymond Clark

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased October 30 1913  
(Month) (Day) (Year)

Immediate cause of death Paranaphy fever

Due to acute pykretia

Due to rose hip fever

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years 29 Months 9 Days 19  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

Major findings: none

Of operations none

Of autopsy none

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name W. H. Bishop

13. Birthplace Cap. Guardian Co., Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Carlee Tatom

15. Birthplace Dunklin Co., Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Carlee Bishop

(b) Address Berme, Mo.

17. (a) Burial (b) Date thereof Aug. 22, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Berme, Mo.

18. (a) Signature of funeral director Duneson Funeral Home

(b) Address Berme, Mo.

19. (a) 9-8-43 (b) Rebecca Hinson  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none

(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 Wm. Henson (M. D. or other) \_\_\_\_\_  
Address Poplar Bluff Mo Date signed 9/8/43

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

RECEIVED

District Health Office No. 2,

District File Number 1043-1220

Date Filed 10-5-43

---

---

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 W. C. Gray

Licensed Embalmer No. 3474

P. O. Address. Cedar 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.