S. No. 2
M—2-43
5-17-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Rowe
34251

FILED OCT 25 1943

State File No.

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 308

12
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Hooper Addition, Poplar Bluff, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Poplar Bluff/Hooper Addition
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12 0

(c) City or town Poplar Bluff, Mo 0
(If outside city or town limits, write "RURAL")

(d) Street No. Hooper Addition
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME Margaret Sue Badgley

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 S 0

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 7 (Day) 1942 (Year)

8. AGE: Years 1 Months 4 Days 8 If less than one day hr. min.

9. Birthplace Poplar Bluff, Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation Baby

11. Industry or business

FATHER
12. Name Fred Badgley
13. Birthplace Grand chain, Illinois 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lela Hathaway
15. Birthplace ~~AB~~ Poplar Bluff, Mo 0 (City, town, or county) (State or foreign country)

16. (a) Informant Fred Badgley
(b) Address Poplar Bluff, Mo

17. (a) B (Burial, cremation, or removal) (b) Date thereof 10-17-43 (Month) (Day) (Year)
(c) Place: burial or cremation City — Poplar Bluff, Mo

18. (a) Signature of funeral director Frank — Cotrell
(b) Address Poplar Bluff, Mo

19. (a) 10-16-43 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15 year 1943 hour 3:15 minute A. M.

21. I hereby certify that I attended the deceased from Oct 1 — 1943, to Oct 1 1943; that I last saw her alive on 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute colitis.	14 days
Due to	
Due to 119a	
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 A R Rowe (M. D. ~~or other~~)

Address Date signed

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1043-13-41
Date Filed 8-20-43

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 Scott A. Bolott

Licensed Embalmer No. 3567

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.