

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

2232

State File No. ....

FILED FEB 27 1944

Registration District No. 1

Primary Registration District No. 3007

Registrar's No. 17

1. PLACE OF DEATH:

(a) County BLUWER  
(b) City or town POPLAR BLUFF  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
LUCY LEE HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 DAY  
(Specify whether  
In this community 1 DAY  
years, months or days)

3. (a) PRINT FULL NAME THELMA ALBERTA WHITE

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 HENRY 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased. JAN 14 1909  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
34 11 23 hr. 4 min.

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

10. Usual occupation HOUSE WORK

11. Industry or business HOME

12. Name BARBRIEN HAWLEY

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

14. Maiden name UNKNOWN

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

16. (a) Informant HENRY WHITE

(b) Address PIEDMONT, MO

17. (a) BURIAL (b) Date thereof JAN 9 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PETERSBY

18. (a) Signature of funeral director W. G. Gish

(b) Address PIEDMONT, MO

19. (a) 1-15-44 (b) Belle Turner  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County W. FAYETTE  
(c) City or town PIEDMONT, MO  
(If outside city or town limits, write "RURAL")  
(d) Street No. ....  
(If rural, give location).  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 9  
year 1944 hour 11 minute — A.M.

21. I hereby certify that I attended the deceased from JAN 7 to JAN 7  
that I last saw her alive on JAN 7  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral embolus

Due to Teeth extraction

Due to 83 h

Other conditions: 83 h  
(includes pregnancy within 3 months of death)

Major findings:  
Of operations. 83 h

Of autopsy. 83 h

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? 83 h (Specify type of place) (e) Means of injury: 83 h

23. Signature W. G. Gish (M. D. or other) 83 h  
Address Poplar Bluff Mo Date signed 1/11/44

Duration

1 day

1 day

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

12  
7  
3

93

FEB 16 1944

RECEIVED

District Health Office No. 2,

District File Number 144-190

Date Filed 1-25-44

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 Norman W. Gish  
Licensed Embalmer No. 3387  
P. O. Address Redmont, 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.