

14
S. No. 2
M-8.43
v. 5-17-39
-I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 1 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37280
Registrar's No. 367

Registration District No. 43

Primary Registration District No. 8007

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: 124 N. 11th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler
(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No. 124 North Eleventh
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Rachel Brock
3. (b) If veteran, name war No
3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 10
year 1944 hour 1 minute 11 P.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Jennab!
6. (c) Age of husband or wife if alive 2 years

21. I hereby certify that I attended the deceased from 11-10 1944 to 11-10 1944
that I last saw her alive on 11-10-44
and that death occurred on the date and hour stated above.

7. Birth date of deceased: Jan 10 - 1867
(Month) (Day) (Year)

Immediate cause of death Apoplexy 3rd State Denver
Duration 11-10-44

8. AGE: Years 77 Months 10 Days 0
If less than one day hr. min.

Due to g30
Due to g30

9. Birthplace Bracken Ridge Co. Ky
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) g30

10. Usual occupation at home

Major findings: Of operations g30

11. Industry or business at home
12. Name Robert Maysey
13. Birthplace Ky
14. Maiden name Phoebe Gilbert
15. Birthplace Ky

Of autopsy g30
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Florence Simpson
(b) Address Poplar Bluff Mo
17. (a) Burial (b) Date thereof Nov 12-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) g30
(b) Date of occurrence g30
(c) Where did injury occur? (City or town) (County) (State) g30
(d) Did injury occur in or about home, on farm, in industrial place, in public place? g30

18. (a) Signature of funeral director Frank Cottrell
(b) Address Poplar Bluff Mo
19. (a) 11-20-44 (b) Wille Spence
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury g30
23. Signature Wille Spence M.D. or other MD
Address Poplar Bluff Mo Date signed 11-20-44

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

MOTHER FATHER

92

(Licensed Embalmer's Statement on Reverse Side)

DEC 18 1944

RECEIVED

District Health Office No. 2,

District File Number 1244-1606

Date Filed 12-7-44

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

George W. Green

Licensed Embalmer No. 2964

P. O. Address

Poplar Bluffs 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.