

FILED MAR 13 1945

Registration District No. 42

Primary Registration District No. 3007

Registrar's No. 34

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

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: — /  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution: — (Specify whether)  
 In this community: 30 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO (b) County: BUTLER 12  
 (c) City or town: POPLAR BLUFF 7  
 (If outside city or town limits, write "RURAL")  
 (d) Street No.: E. PEACH STREET 3  
 (If rural, give location)  
 (e) Citizen of foreign country? (Yes or No)  
 If yes, name country: —

3. (a) PRINT FULL NAME: LIZZIE BELLE WHITTINGTON

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: OSCAR WHITTINGTON 6. (c) Age of husband or wife if alive: 44 years  
 7. Birth date of deceased: APRIL 10 1876 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	8	23	hr. min.

9. Birthplace: BLOOMFIELD IND 1 (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

MOTHER FATHER  
 12. Name: JOHN MULLENS  
 13. Birthplace: IND 1 (City, town, or county) (State or foreign country)  
 14. Maiden name: ELIZA GOODNIGHT  
 15. Birthplace: IND 1 (City, town, or county) (State or foreign country)

16. (a) Informant: Oscar Whittington  
 (b) Address: Poplar Bluff MO

17. (a) BURIAL (b) Date thereof: JAN 4 1945 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: City Cemetery

18. (a) Signature of funeral director: M. J. Phelps

(b) Address: Poplar Bluff Mo

19. (a) 3-6-45 (b) Belle Kinno (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 3 year 1945 hour 3 minute 25 P. M.

21. I hereby certify that I attended the deceased from Dec 3 1944 to Jan 3 1945 that I last saw her alive on Dec 8 1944 and that death occurred on the date and hour stated above. Immediate cause of death: Asphyxiation Duration: —

Due to: Asphyxiation Cardiac failure  
 Due to: Cardiac failure  
 Due to: Cardiac failure  
 Other conditions: renal disease (Include pregnancy within 3 months of death)

Major findings: Of operations: 1316 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?

While at work: — (Specify type of place) (e) Means of injury: —

23. Signature: M. J. Phelps (M. D. or other) Address: Poplar Bluff, Mo Date signed: —

RECEIVED

District Health Office No. 2,

District File Number 345-381

Date Filed 3/2/45

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. 3231

P. O. Address Caplan 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.