

FILED SEP 22 1945
Registration District No. 43

Primary Registration District No. 3007

12
7
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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 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 28 days
(Specify whether)

In this community _____
 years, months or days 3 years

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Dunklin 35
 (c) City or town Holecomb Rural 1
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Jahnie Walker Carter
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 21
 year 1945 hour 4 minute Ⓟ M.

21. I hereby certify that I attended the deceased from
July 1 1945 to Aug 21 1945
 that I last saw her alive on Aug 20 1945
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W
 6. (a) Single, widowed, married, divorced married
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb 27 - 1884
(Month) (Day) (Year)

Immediate cause of death _____
Acute Cardiac failure 2 da
 Due to Chronic myocarditis 6 mo
 Due to Ch. gall bladder disease 5 yrs

Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years 61 Months 5 Days 25
 If less than one day _____ hr. _____ min.

9. Birthplace Ark 1
(City, town, or county) (State or foreign country)

10. Usual occupation Home Keeper

11. Industry or business

MOTHER FATHER

12. Name George W. Million
 13. Birthplace Ark
(City, town, or county) (State or foreign country)
 14. Maiden name Allice Pea
 15. Birthplace Ark
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings:
 Of operations _____
 Of autopsy 27/4

Underline the cause to which death should be charged statistically.

16. (a) Informant John R Carter
 (b) Address Holecomb Rural 1
 17. (a) Burial (b) Date thereof 8-22-45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Ridge Cem
 18. (a) Signature of funeral director Lantz and Co
 (b) Address Kennett mo
 19. (a) 8-31-45 (b) _____
(Data received local registrar) (Registrar's Signature)

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 P. J. Trickett (M. D. or other)
 Address Poplar Bluff, Mo Date signed 8/29/45

R. A. Throckmole
(Licensed Embalmer's Statement on Reverse Side)
1422

RECEIVED

District Health Office No. 2,

District File Number 945-3035

Date Filed 9-17-45

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

Jack Kelley

Licensed Embalmer No. 3788

P. O. Address Hayt 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.