U. S. No. 2
DM—8-43
Rev. 5-17-39
I X37023

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

36745

FILED DEC 12 1945

State File No.

Registration District No. 45 Primary Registration District No. 5135 Registrar's No. 347

**1. PLACE OF DEATH:**

(a) County Butler

(b) City or town Broseley - Rt. #1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Ash Hill Twp
(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) years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Butler 2

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Broseley - R.R. #1
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME Mrs. Lillie Vest

3. (b) If veteran, name war —

3. (c) Social Security No.

4. Sex Female 7

5. Color or race Black

6. (a) Single, widowed, married, divorced 2 Widow

6. (b) Name of husband or wife

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

7. Birth date of deceased 6 (Month) 5 (Day) 1893 (Year)

8. AGE: Years 52 Months 5 Days 21 If less than one day hr. min.

9. Birthplace Shelby Co. Tenn 1
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business —

FATHER
12. Name Unknown
13. Birthplace Unknown 7
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emma
15. Birthplace Shelby Co. Tenn 1
(City, town, or county) (State or foreign country)

16. (a) Informant S. Crow
(b) Address Brosley, Mo. R.F. 1

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-5-45 (Month) (Day) (Year)
(c) Place: burial or cremation Brosley, Mo. R. 1

18. (a) Signature of funeral director Fred Smith
(b) Address 1206 Alice St. Poplar Bluff

19. (a) 12-6-45 (Date received local registrar) (b) R H Menelle (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 12 day 1
year 1945 hour 3 A.M. minute — M.

21. I hereby certify that I attended the deceased from 11-30, 1945, to 11-30, 1945
that I last saw her alive on 11-30, 1945
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death | |
| Carcinoma Breast | 1 yr. |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations 50
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 F. F. Pried 2 (M. D. or other) DO
Address Poplar Bluff, Mo. Date signed 12-3-45

422

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1245-3391
Date Filed 12-11-43

## 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 Fred Smith

Licensed Embalmer No. 4408

P. O. Address 1208 Alice St. Poplar Bl

**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.**