

S. No. 2
M-5-43
7. 5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15891**
Registrar's No. **197**

FILED **4:30 1946**

Registration District No. **430** Primary Registration District No. **3007**

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 **11 HRS**
 (Specify whether years, months or days) **54 years**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MO** (b) County **BUTLER 12**
 (c) City or town **POPLAR BLUFF**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **COR FAIR & HENRY ST**
 (If rural, give location)
 (e) Citizen of foreign country? **0** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **ROBERT ANN STILLEY**
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 **WIDOWED**
6. (b) Name of husband or wife **George Stilley**
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **MAR 26 1886**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	1	28 hr. min.

9. Birthplace **SALINE CO** **ILL 1**
 (City, town, or county) (State or foreign country)
10. Usual occupation **HOUSEWIFE**

11. Industry or business
12. Name **ABNER MURRAY**
13. Birthplace **ILL 1**
 (City, town, or county) (State or foreign country)
14. Maiden name **ANN COLESBY**
15. Birthplace **KY 1**
 (City, town, or county) (State or foreign country)

16. (a) Informant **SAM Stalley**
(b) Address **COR FAIR & HENRY STS POPLAR BLUFF MO**
17. (a) BURIAL (Burial, cremation, or removal) **(b) Date thereof** **MAY 26 1946**
 (Month) (Day) (Year)
(c) Place: burial or cremation **FAIR DEALING CEM**

18. (a) Signature of funeral director **N.J. Phelps**
(b) Address **Poplar Bluff Mo**
19. (a) **6/21/46** **(b)** **W.H. Munnice**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **MAY** day **24**
 year **1946** hour **11** minute **15 A.M.**
21. I hereby certify that I attended the deceased from **May 16**
 to **May 24**, 19**46**
 that I last saw her alive on **May 20**
 and that death occurred on the date and hour stated above.

Immediate cause of death
Asphyxiation
Cardiac failure
Cardiovascular disease
 Due to.....
 Due to.....
 Other conditions (include pregnancy within 3 months of death)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 Major findings:
 Of operations.....
 Of autopsy..... **930**

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) (Specify type of place)
 Means of injury **0**
23. Signature **W.H. Munnice** (M. D. or other)
Address **Poplar Bluff Mo** Date signed **6-21-46**

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

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RECEIVED

District Health Office No. 2,

District File Number 646-712

Date Filed 6-6-46

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

A. T. Phelps

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.