

No. 2
M-5-43
5-17-39
I X38671

FILED SEP 3 1946
Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 271

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:
POPLAR BLUFF HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 8 MO (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County BUTLER 12
(c) City or town RURAL (If outside city or town limits, write "RURAL")
(d) Street No. 1822 GARFIELD ST (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME OPAL MARY FAULKNER
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month AUG day 9 year 1946 hour 4 minute P M.
21. I hereby certify that I attended the deceased from 8 Aug 1946, to 9 Aug 1946 that I last saw her alive on 9 Aug 1946 and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Dec 2 1945
(Month) (Day) (Year)

Immediate cause of death: Dysentery, (Etiological agent) calculator organism unknown
Due to _____ Duration _____

8. AGE: Years Months Days If less than one day
8 6 hr. min.

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

9. Birthplace: HASTINGS NEB
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____
Of autopsy _____

10. Usual occupation _____
11. Industry or business _____

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 _____
Signature Hardin O'Brien (M. D. or other) _____
Address Poplar Bluff, Mo. Date signed 12 Aug 46

MOTHER FATHER
12. Name JOHN FAULKNER
13. Birthplace Biggers ARK
(City, town, or county) (State or foreign country)
14. Maiden name MARION L HAHN
15. Birthplace HASTINGS NEB
(City, town, or county) (State or foreign country)

16. (a) Informant John Faulkner
(b) Address 1822 Garfield St Poplar Bluff
17. (a) BURIAL (b) Date thereof AUG 10 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MT. ZION CEM

18. (a) Signature of funeral director J. J. Phelps
(b) Address Poplar Bluff
19. (a) 8/19/46 (b) Ch. Minette
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Office No. 2,

District File Number 846-1014

Date Filed 8-26-46

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

N. T. Phelps

Licensed Embalmer No. 3231

P. O. Address Paplar 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.