No. 2
12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 19 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39754

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 391

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 0
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Stoddard 103
(c) City or town: Dexter 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 1
If yes, name country .....

3. (a) PRINT FULL NAME: Annis Asa

3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: Female 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Raymond Asa
6. (c) Age of husband or wife if alive: 52 years
7. Birth date of deceased: Nov. (Month) 16, (Day) 1898 (Year)

8. AGE: Years	Months	Days	If less than one day
48	0	9	..... hr. ..... min.

9. Birthplace: Stoddard County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: House-wife
11. Industry or business .....

FATHER
12. Name: Henry J. Rainey 0
13. Birthplace: Stoddard County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Josephine Creed
15. Birthplace: ..... (City, town, or county) Illinois (State or foreign country) 11

16. (a) Informant: Raymond Asa
(b) Address: Dexter, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-26-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Dexter Cemetery
18. (a) Signature of funeral director: Strickland-Rainey
(b) Address: Dexter, Missouri
19. (a) 12-7-46 (Date received local registrar) (b) RH Minteer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25 year 1946 hour 12 minute 20 A.M.

21. I hereby certify that I attended the deceased from Oct 29, 1946, to Nov 25, 1946 that I last saw her alive on Nov 25, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	
Due to: Arterial sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

83A

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 0

23. Signature: H M Henrickson (M. D. or other) MD
Address: Poplar Bluff Mo. Date signed 12-4-46

35 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1246-145
Date Filed 12-12-46

DEC 20 1946

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 J. E. Shuetlan Jr.

Licensed Embalmer No. 3479

P. O. Address Dexter, 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.