

No. 2
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-17-39-
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 29 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42,394
Registrar's No. 2

Registration District No. 43

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 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Rebecca Elizabeth Brower

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Noah Matthew Brower 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 22 1881
(Month) (Day) (Year)

8. AGE: Years 65 Months 2 Days 0 If less than one day hr. _____ min. _____

9. Birthplace Corlin Co. Ky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Daniel Pigg

13. Birthplace Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Sally Nelson

15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant William Brower

(b) Address Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof 12/24/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff, Mo.

18. (a) Signature of funeral director Greer Croy & Ritch

(b) Address Poplar Bluff, Mo.

19. (a) 1-9-47 (b) R.H. Munster
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12
(c) City or town Poplar Bluff 7
(If outside city or town limits, write "RURAL") 3
(d) Street No. 920 N. Riverview
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____ 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22
year 1946 hour 6 minute _____ P. M.

21. I hereby certify that I attended the deceased from Dec. 1 to Dec. 22, 1946
that I last saw her alive on Dec. 22, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 3da

Due to Hypertension ?

Due to generalized arteriosclerosis ?

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

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? _____

While at work? Yes (Specify type of place) _____ (b) Means of injury _____

23. Signature [Signature] (M. D. or other) M. D.

Address Poplar Bluff, Mo. Date signed _____

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 147-85
Date Filed 1-20-47

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 Wallace N. Fitch

Licensed Embalmer No. 2859

P. O. Address Poplar 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.