

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4112

FILED FEB 17 1947

State File No. _____

Registration District No. 45

Primary Registration District No. 3007

Registrar's No. 56

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:
South C St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
in this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

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

(d) Street No. South C St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Amanda Cone

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 Mote Cone

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased: Oct. 15 1887
(Month) (Day) (Year)

8. AGE: Years 69 Months 3 Days 17
If less than one day hr. _____ min. _____

9. Birthplace: DuBois Co. Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Samuel Sanders

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

14. Maiden name Celia - Gundersen

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

16. (a) Informant Mote Cone

(b) Address Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof 2/3/47
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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

(b) Address Poplar Bluff, Mo.

19. (a) 2-4-47 (b) R. W. Minette
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2
year 1947 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from
Nov 28 1946 to Feb 2 1947
that I last saw her alive on Feb 1 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Inoperable Carcinoma of small intestine
Duration 6 mo

Due to _____
Due to _____

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:

(c) 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 0

23. Signature R. W. Minette (M. D. or A. M. D.) XXX M. D.
Address Poplar Bluff, Mo. Date signed _____

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

MOTHER FATHER

35

RECEIVED

District Health Office No. _____

District File Number 247 240

Date Filed 2-24-47

MAR 20 1947

MAR 20 1947

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 _____

John M. Davies, Registered Apprentice No. 487
working under my personal supervision.

Signed Walla N. Fitch

Licensed Embalmer No. 3859

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.