

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 22 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16662

State File No. _____
Registrar's No. 193

Registration District No. 40 Primary Registration District No. 3007

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

1. PLACE OF DEATH:
(a) County BUTLER
(b) City or town POPLAR BLUFF
(c) Name of hospital or institution: _____
(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)

3. (a) PRINT FULL NAME PATRICIA MAXINE WEBB
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 SINGLER
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased MAR 8 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 15 hr. min.

9. Birthplace POPLAR BLUFF - MO O
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name CALVIN E WEBB O
13. Birthplace POPLAR BLUFF MO O
(City, town, or county) (State or foreign country)
14. Maiden name WANDA LOUISE PICKARD
15. Birthplace CHIONIA MO O
(City, town, or county) (State or foreign country)

16. (a) Informant Calvin E. Webb
(b) Address Denver Poplar Bluff MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR. 25 1947
(Month) (Day) (Year)

(c) Place: burial or cremation BLACK CREEK CEM.

18. (a) Signature of funeral director M.J. Phelps
(b) Address Poplar Bluff MO

19. (a) 5-14-47 (Date received local registrar) (b) R.M. Menettee (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County BUTLER 12
(c) City or town POPLAR BLUFF 7
(If outside city or town limits, write "RURAL")
(d) Street No. "D" STREET 2
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 23
year 1947 hour 11 minute 30 A.M.
21. I hereby certify that I attended the deceased from 8 March 47
_____ 19____, to Apr 23 1947
that I last saw her alive on Apr 23 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Suffocation
Duration _____
Due to _____
Due to _____
Other conditions: (Include pregnancy within 3 months of death)
Major findings: 187
Of operations 16
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) Accident 128
(b) Date of occurrence _____
(c) Where did injury occur? Home - in bed
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home (Specify type of place)
While at work? _____ (e) Means of injury Suffocation
23. Signature Cynille R. Post (M.D. or other) _____
Address Poplar Bluff MO Date signed 2 May 47

Past

RECEIVED

District Health Office No. 2,

District File Number 547-248

Date Filed 5-22-47

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 *N. G. Phelps*.....

Licensed Embalmer No. 3132

P. O. Address *Paplar 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.