

FILED AUG 13 1947

Registration District No. 1

Primary Registration District No. 3007

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(c) Name of hospital or institution: 323 Euclid
(d) Length of stay: In hospital or institution Life
In this community Life

3. (a) PRINT FULL NAME Hazel Belle Pool

3. (b) If veteran, name war
3. (c) Social Security No. 499-09-2973

4. Sex F /
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Roy Pool
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 27 1902

8. AGE: Years 45 Months 3 Days 3 If less than one day hr. min.

9. Birthplace Scott Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Unknown Clubb
13. Birthplace Unknown
14. Maiden name Callie Wilson
15. Birthplace Missouri

16. (a) Informant Roy Pool
(b) Address Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof 8-2-47
(c) Place: burial or cremation Woodlawn Cem.

18. (a) Signature of funeral director Greer Croy & Fitch
(b) Address Poplar Bluff, Mo.

19. (a) 8/7/47 (b) R. [Signature]
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
(c) City or town Poplar Bluff
(d) Street No. 323 Euclid
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1947 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from 1 May 1947 to 30 July 1947 that I last saw her on 24 July 1947 and that death occurred on the date and hour stated above

Immediate cause of death: Carcinoma of Cervix

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 480
Of autopsy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature [Signature] D. [Signature] MD
Address Poplar Bluff, Mo. Date signed 4 Aug 47

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

672

Duration 6 mos

PHYSICIAN Underline the cause to which death should be charged statistically.

RECEIVED

DEPARTMENT OF HEALTH CLASS. No. 2
District File Number 849-1080
Date Filed 8-11-47

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.....

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

Signed Wallace H. 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.