

S. No. 2
M-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 5 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

350

State File No.

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 27

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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Stoddard /03

(c) City or town: Bloomfield Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME: Mrs. Nellie Edwards

3. (b) If veteran, name war: ---

3. (c) Social Security No.: None

4. Sex: Female 5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Everette Edwards (c) Age of husband or wife if alive: --- years

7. Birth date of deceased: Feb. 13, 1887
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 18th
year 1948 hour 12:30 minute A. M.

21. I hereby certify that I attended the deceased from Jan 11
1948 to Jan 18 1948
that I last saw her alive on Jan 18 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Infarction
Pneumonia

Due to: Carcinoma of Stomach & Metastasis

Due to:

Other conditions (Include pregnancy within 3 months of death):

8. AGE: Years Months Days If less than one day
60 11 5 hr. min.

9. Birthplace: Texas co. Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

MOTHER FATHER { 12. Name: William D. Ray 9

13. Birthplace: Not known
(City, town, or county) (State or foreign country)

14. Maiden name: Drucilla Pharris 9

15. Birthplace: Not known
(City, town, or county) (State or foreign country)

16. (a) Informant: Everette Edwards 1
(b) Address: Bloomfield, Mo. Rural

17. (a) Burial (b) Date thereof: Jan 21-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Lick Creek Chapel

18. (a) Signature of funeral director: Chiles Und. Co.
(b) Address: Bloomfield, Mo.

19. (a) 1-28-48 (b) R. J. ...
(Date received local registrar) (Registrar's signature) 35

Major findings: H&B

Of operations:

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?

While at work? (Specify type of place)

(b) Means of injury:

23. Signature: Frank E. Donnell (M. D. or other) MD
Address: Poplar Bluff, Mo. Date signed: 1/25/48

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

RECEIVED

District Health Office No. 2,

District File Number 242 166

Date Filed 2-2-68

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 Lulu

Cooper #3499

~~Registered Embalmer No.~~

~~Working under my direct supervision~~
Signed John B. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.